

# THE AMERICAN JOURNAL OF NURSING

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## EDITORIAL COMMENT



### MISUSE OF THE UNIFORM

IN spite of earnest and wide-spread efforts made in our home city during the weeks preceding Christmas to influence nurses not to appear in public in uniform while selling Red Cross seals, several nurses, or women dressed in white to resemble nurses, were seen at the post office and the most prominent stores in the booths where the seals were sold. Only one genuine nurse was recognized, the other women wearing all sorts of white dresses from a waist of all-over embroidery to a dress which showed below the apron several inches of bedraggled, lace-trimmed skirt.

It is evident that if this exploitation of the nurses' costume is to be stopped, the agitation must not be confined to the holiday season but must be carried on through the year so that a sentiment may be aroused among the better class of nurses against its abuse in this manner.

The importance of educating the public to recognize that no reputable nurse appears in a public place in uniform has been startlingly demonstrated by a recent case in the police court. A woman of foreign birth, posing as a nurse, appeared in court "in a white nurse's dress with a Red Cross brooch at her throat," who was plaintiff in a breach of promise suit, the testimony bringing out the fact that she had been brought into this country for immoral purposes. Much of the testimony was too indecent to be published, even in the newspaper, and the jury handed in a sealed verdict. While a year or two ago the public would at once have recognized the fact that in this community no

respectable nurse would be seen in such a place in uniform, the recent exploiting of the uniform in the sale of Red Cross seals in so many places in the city must, we fear, have weakened public sentiment in regard to its dignity.

This is a matter that associations all over the country should take up immediately and put themselves on record as either approving or disapproving the use of the uniform for this or any kind of advertising. It should also be forcibly impressed upon pupil nurses about to graduate by their superintendents that the wearing of the uniform only when engaged in actual nursing is not merely a matter of personal taste, but one which affects the safety and dignity of the whole nursing body.

#### ONE WAY OF ATTACKING THE ALMSHOUSE PROBLEM

At the October meeting of the Missouri State Nurses' Association, held in St. Louis, one of the most interesting reports and discussions we ever listened to at a nurses' meeting, was that on the almshouse situation. Members in different sections of the state had inspected such institutions in their localities, and while a few of the reports showed fairly good conditions, the majority were reported as in a state almost past one's comprehension. This association had last year affiliated with the State Conference of Charities and Corrections and a request had come to it from that Conference for co-operation in the matter of bettering conditions in the county almshouses; a committee for this purpose was appointed from the state association.

As a result of the conference between the committees from the two associations, Charlotte Forrester of Kansas City is starting out this month on a tour of inspection of the almshouses and jails of the state, as a direct representative of the Conference of Charities and Corrections, but—and this is of special interest to us—the state nurses' association pays her expenses, the nurses having money, and the State Conference having no funds to pay her way, though possessing the power to appoint her. This appointment, while interesting from the fact that Miss Forrester is a nurse of experience, a member of the Missouri Board of Nurse Examiners, and a woman of ability and presence, is doubly interesting from the fact of the broader authority with which she is vested as a result of the affiliation between the two organizations.

We understand that in most of the states the work of the almshouse committees of the American Nurses' Association is at a standstill and that the committee is disheartened by what seems to be a lack of definite

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results along these lines. We believe that in order to accomplish much in the way of reform, nurses must affiliate with organizations with recognized state authority, and Missouri seems to have solved the problem in what promises to be a very efficacious way.

#### A PROFITABLE OCCUPATION FOR IDLE DAYS

THE happy thought occurs to us that we might secure more papers from private nurses, showing the practical nursing side of their work, if it were possible to make them more generally understand that such material, when written exclusively for this Journal will, if accepted, be paid for. To those whom we are able to reach we suggest that some of the so-called waiting time between cases could be so occupied. By doing this, what would otherwise be lost time could be turned to remunerative account. We want to call the attention of our private nursing readers to the increasing amount of space we are giving to social service, moral prophylaxis, etc., and to say again, as we have said before, that the reason for this is that the workers along those lines are willing to contribute such papers to our pages, although these special workers are employed every week day in the year, with the exception of their brief vacation, while the private nurse has periods of enforced idleness which she does not largely use for writing out her experiences for the benefit of her profession.

While there are few changes year by year in the fundamental principles of nursing, when we look back five or ten years or longer we find that in all training schools there have been developments in the technique which make for the greater comfort of the patient and the dexterity of the nurse. Every woman of years of experience as a private nurse has worked out methods of her own to meet the exigencies of the various environments in which she finds herself, simplifying or amplifying her methods according to the resources of the household, without changing the essentials underlying good nursing practice—in other words, she has a variety of methods for accomplishing the same end. Certain nurses become experts in methods worked out by them through their own experience, as is illustrated by Miss Lee's article on small-pox in the present issue of the JOURNAL. Methods of treatment are also constantly changing, hardly any two physicians treat the same disease in the same way, so that a nurse's knowledge is constantly broadened and she should have much valuable information to give to her profession which cannot be found in text-books. All such practical papers are of great interest and advantage to our readers, whether graduate or student nurses.

Writing for publication is a habit that may be cultivated. Contributions often reach us that are interesting and of use but not sufficiently finished in character to be used as articles. These are put into the letter department where they serve their purpose, but are not paid for. If such writers will keep trying to express themselves, they will find it easier each time and will finally progress to the body of the magazine. Some of our most valued contributors began in a modest timid way but gained confidence and facility of expression with further experience.

To all contributors, whether of articles or items, the following dates should be borne in mind. Papers for the body of the magazine must be in our hands at the Rochester office, before the 1st of the month, department material before the 12th, advertising material before the 14th, and short items before the 18th, on which date the JOURNAL pages close absolutely. Subscriptions may be sent to either the Rochester or Philadelphia office at any time.

#### MRS. LOUNSBERY'S PHYSIOLOGY FOR SCHOOLS

A MOST useful pamphlet, called "Ten Weeks in Physiology and Hygiene for the Lower Grades of the Public Schools" has been prepared by Mrs. Harriet Camp Lounsbury, sanitary school inspector of the Charleston, West Virginia, independent school district. It is printed for the use of the public schools of that city, and is one of the most practical books of the kind that we have seen. It contains, first, an outline of the subjects to be covered, beginning with the 1st grade, and going up to the 6th, which the teacher may handle according to her own ideas if she chooses, or she may consult the second part, which is an appendix and contains the subject matter on which the outlines are based.

We quote the paragraph on the fly, from the material for the 1st grade, as an illustration of how simply and forcibly these subjects are handled. "A fly loves to walk over every nasty thing it can see. I suppose it likes to eat these nasty things. The trouble is that the fly's foot is covered with tiny hairs that hold small particles of all these things. If any one spits on the floor, the fly walks all over it. They walk over a sore if they can. They gather on any sore place on a horse or dog. Then they come into the house and walk over our bread or stick to the butter or fall into the milk; and if the baby uses a bottle they get on the nipple if it is not in water, and as they leave germs on everything they touch, when the baby puts that nipple in its

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little mouth, it sucks those germs right into its little stomach, and of course gets sick. So we are likely to get sick, if we let flies get into the house where they are sure to walk on our food and get germs all over it."

This little book, while intended for teachers, is valuable for a nurse also, in a thousand ways, and may be obtained directly from Mrs. Lounsbery for thirty-five cents, post paid. Her address is found in the Official Directory under the West Virginia heading.

#### A REMINDER FROM THE AMERICAN NURSES' ASSOCIATION

We want to remind the affiliated associations that with the revision of the by-laws of the American Nurses' Association, which went into effect in June, 1911, the dues for each year are to be paid before April 30, and may be paid earlier. By attending to this promptly the work of the treasurer will be simplified. Members must bear in mind also that according to Article VIII of the by-laws, referred to above, the per capita rate for alumnae associations has been increased from ten to fifteen cents, and that local associations, such as city and county, if they have a membership above fifty, have had their dues increased to ten dollars. Each treasurer should consult these by-laws before making out her check, to be sure she is right in the amount.

At convention time the work of the national officers is very strenuous but if each association will exercise a little forethought and have this sort of detail attended to in advance, while the national treasurer is at home and can do her work at leisure, it will save time and trouble for her and for the secretary, as delegates' cards can be prepared ahead. Another request which needs frequent repetition is that each association shall keep the national secretary informed of any change in the name and address of its secretary.

Just as these pages are going to press the executive committee of the American Nurses' Association is meeting in New York and is making definite plans for the Chicago convention, deciding definitely as to the date, the form of the programme, etc. We shall hope to give the results of this meeting in the March JOURNAL with a first outline of the programme, so that associations may, if they so desire, take up the subjects ahead in their meetings and be prepared for intelligent discussion of them later.

We know that the representation from the middle west and the south in Chicago is going to show the strength of those sections of the country as never before. It will be exactly ten years since the last convention was held in Chicago, when there were 51 delegates present, while

at Boston, last June, there were 251 delegates and 89 permanent members. We predict that the coming meeting will be the greatest gathering of nurses we have ever had in this country.

#### THE RED CROSS MEETINGS

ONLY those who have attended an annual meeting of the Red Cross can have any conception of the inspiration to be gained from this gathering of men and women who represent its executive management in the United States. Our readers are familiar with the work of the enrollment committee and of the effort it has put forth to secure a corps of nurses of the very highest order to serve the country in time of war or calamity, but they may not have realized to what an extent other groups of workers are perfecting methods for quick and efficient relief for every kind of a catastrophe that may befall human beings. In the work of the committees and in the reports given at the open meetings by men and women high in official rank, one could not but be impressed with the ever-widening influence of the Red Cross in our national life, ever ready and alert to give relief or to prevent suffering wherever the need is greater than state force can cope with, studying and planning in this time of peace, for such affiliation of the Red Cross with the army and navy that, in time of war rules and regulations may be understood and confusion reduced to the minimum.

No department made a better showing of work done during the year than that of nursing service as presented by Miss Delano. The medical department is much less well organized, although the American Medical Association has now taken the matter in hand and working through a committee will enroll a corps of physicians for Red Cross service and to act as an army reserve in time of war.

But with all that was reported of work begun, one felt in the atmosphere the limitless possibilities of the Red Cross for philanthropic and educational expansion. For instance, a motion by Miss Boardman was carried, that the Red Cross should undertake rural nursing, and while as yet the matter is in embryo, it suggests a kind of expansion in nursing work in America almost beyond comprehension, not only in carrying relief to thousands of people in isolated places, but in providing work for hundreds of nurses.

There was a social side, also, that was very interesting,—an evening with Miss Delano, when the members of the National Committee and the Red Cross delegates had an opportunity to become better acquainted with each other; a luncheon between sessions; and a reception at the

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beautiful home of Miss Mabel Boardman, where the élite of Washington society were invited to meet the Red Cross members.

#### THE NINTH INTERNATIONAL RED CROSS CONFERENCE

PLANS for the Ninth International Conference, to be held in Washington, May 7 to 17, were in the air. We heard much from the Washington members of especial privileges granted by the Government, for the use of buildings, grounds, etc., while the programme, an outline of which was given in the Red Cross Department of the October JOURNAL, will be instructive and entertaining. To the nurses the prize competition should be of special interest. Through the courtesy of Major Lynch we give the latest details in regard to the exhibition and prizes:

The exhibition will be divided into two sections, which will be styled Marie Feodorovna and General. The former is a prize competition, with prizes aggregating 18,000 rubles, or approximately \$9000, divided into nine prizes, one of 6000 rubles, approximately \$3000; two of 3000 rubles each, and six of 1000 rubles each.

The subjects of this competition are as follows:

1. A scheme for the removal of wounded from the battlefield with the minimum number of stretcher bearers.
2. Portable (surgeons') washstands, for use in the field.
3. The best method of packing dressings for use at first aid and dressing stations.
4. Wheeled stretchers.
5. Transport of stretchers on mule back.
6. Easily folding portable stretchers.
7. Transport of the wounded between warships and hospital ships, and the coast.
8. The best method of heating railway cars by a system independent of steam from the locomotive.
9. The best model of portable Roentgen apparatus, permitting utilization of X-rays on the battlefield and at first aid stations.

The maximum prize will be awarded to the best exhibit, irrespective of the subject, and so on.

The General Exhibit is again divided into two parts; the first will be an exhibition by the various Red Cross Associations of the world. The second will be devoted to exhibits by individuals or business houses of any articles having to do with the amelioration of the sufferings of sick and wounded in war, which are not covered by the Marie Feodorovna Prize Competition for the year. While the American Red Cross will

be glad to have any articles pertaining to medical and surgical practice in the field, it is especially anxious to secure a full exhibit relating to preventive measures in campaign. Such articles will be classified as follows:

1. Apparatus for furnishing good water in the field.
2. Field apparatus for the disposal of wastes.
3. Shelter such as portable huts, tents and the like, for hospital purposes.
4. Transport apparatus (to prevent the suffering of sick and wounded) exclusive of such apparatus as specified for the Marie Feodorovna Prize Competition.

As with the Marie Feodorovna Prize Competition, for this country only articles having the approval of the Central Committee of the American Red Cross will be accepted.

Diplomas will be awarded for exhibits in this section of the exhibition as approved and recommended by the Jury.

Further information may be obtained from the Chairman, Exhibition Committee, American Red Cross, Washington, D. C.

It is perhaps to apparatus having to do with prevention of disease in armies that the energies of Americans have been specially directed since the Spanish-American War. Therefore, the last mentioned section of the Exhibition should make an appeal to them.

It will be seen that there are many subjects, especially in the first section, where the practical knowledge of nurses of army experience would seem to make them natural competitors. This is certainly an opportunity for all persons of an inventive turn of mind to put forth their energies, and we hope that nurses may carry off a fair proportion of these prizes.

The meetings of this year are rather complicated, with the International Red Cross meeting in Washington in May, which everyone will want to attend, the conventions of the Superintendents' Society and the American Nurses' Association in Chicago in June, and the International Congress of Nurses in Cologne in July. It will take careful planning, both as to expense and time, for nurses who want to attend them all to do so.

#### MISS FULMER'S RESIGNATION

HARRIET FULMER, who has been for fifteen years supervising nurse of the Visiting Nurse Association of Chicago, has recently resigned her position.

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During the pioneer period of visiting nursing in this country Miss Fulmer was a very influential factor. Under her administration of the affairs of the Visiting Nurse Association the corps of nurses increased from seven to sixty-three, and before the taking over by the city of the school nursing and tuberculosis nursing, both of which were inaugurated within the Visiting Nurse Association, the staff had grown to one hundred and three. The follow-up work in the free dispensaries, and welfare nursing service in several industrial establishments, are other branches that have been developed during Miss Fulmer's service. Her share in the building up of the visiting nurse work of the country will always be remembered.

Miss Fulmer will be succeeded by Edna L. Foley, who has been for several years superintendent of nurses of the Municipal Tuberculosis Dispensary in the same city.

#### SUSTAINING SUBSCRIPTIONS FOR THE ISABEL HAMPTON ROBB MEMORIAL FUND

THE idea of sustaining subscriptions for the Robb Memorial Fund has been already explained by the treasurer in preceding *JOURNALS*. The committee having this matter in hand is now publishing a circular in which individuals and organizations are urged to make pledges for a term of years which shall be collected annually. The point is made that if large organizations would promise to give \$10 for five consecutive years, the amount determined upon, \$50,000 would soon be reached.

#### CORRECTIONS

IN the January *JOURNAL* the editorial heading, "Nurses on Examining Boards," should have read "Nurses on Boards of Managers." In the Red Cross Department, the name of Mrs. Charles G. Stevenson was placed among members of the National Committee. Mrs. Stevenson was in Washington as the New York State delegate, but she is not a member of the National Committee. Both of these were errors of the editorial office.

It must have been a condition of brain fatigue after the holiday season which made it possible for these mistakes to escape the scrutiny of both the editor and her assistant, when they thought they were making unusual efforts to have the first number of the year typographically perfect. Perhaps only those who have done such work can realize how such mistakes leap at one from the page of the finished magazine after having eluded detection in both sets of proof.

## SEX HYGIENE

By ELISABETH COCKE, R.N.

"THE facts of sex are pure enough. It is the falsehoods about sex that are impure." This is the *crux* of the sex hygiene problem. And yet, in disentangling the true from the false, in cleaning the filthy accumulation of lies, emphasized from age to age and generation to generation by prudery and mock modesty, how skilful must be the handling, how delicate the touch, lest these stains be rubbed in deeper, instead of being cleaned away! And who are to do this wonderful cleaning up? Parents, teachers, doctors, nurses, welfare workers?

In a paper read at the Child Welfare Conference in Richmond, Va., in May, 1911, Mary Johnston, the author, says, "No blame attaches to the men and women of the world of yesterday, that they did not know and therefore could not practise, but blame will attach to the men and women of the world to-day, blame will arise like a heavy mist, enclose and darken us, and cut us off from any praise, any love, respect or reverence from the world of to-morrow if, knowing as we do to-day, as we increasingly know, we yet behave ourselves as indolent cowards, giving no help to that future which we might so strongly help! . . . There is, to-day, an army of men and women who have it passionately at heart that the child, which each one of us has been, shall no longer be left to grope in blindness as to the meaning of his being and his place among the generations; as to the debt he owes the future; as to the *noblesse oblige* of cleanliness of body, mind and soul; as to the sacredness of that which he is too often taught to consider vulgar and vile; as to the inferiority, weakness and vulgarity of that which he too often comes to consider manly and spirited; as to the office of parenthood, the clean, the aseptic facts of birth, growth, reproduction; as to the necessity of self-control, and the honorableness of practising it; as to the sacred trust he has in hand—the word of his life given him by all the resounding past, and by him, in turn, to be given to the unuttered millions of the future. . . . To the future, believe me, however we may take it—to the future it is a matter of life and death. We cannot aid the past, but we can aid the future. The past will have nothing to say to our efforts, but believe me, the future will have much to say. . . . There comes an outcry: 'Contaminate the child's mind! Sully native innocence which, so long as we tell it nothing, knows nothing! Teach it vulgar things about sex!'

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. . . People, people! It is being taught vulgar things about sex—but not by those who preach eugenics!”

Accepting the dictum that we are justified in teaching sex hygiene, we realize at the same time in the words of Stanley Hall, “The most difficult, delicate, and at the same time important part of moral education is that which concerns sex—difficult because so complex and little understood, delicate because the facts in the field are so concealed by reticence, prudery and lies, and important because conditioning the most vital interests of the individual and the future of the race.” And with this burden of obligation upon us to the present and the future we face one of the greatest problems which has ever faced mankind—the problem of who is to give the instruction and how is it to be given? It is granted by every one, the advocates of the instruction as well as by those who are against it, that it can result in harm as well as good, that to be given at all it must be so given that the child will not realize it is being instructed specifically in matters of sex. In the home it can come as part of the confidence and candor of parent with child. And just here I would like to call the reader’s attention to the exquisitely told story, “The Angel of Birth,” by Kate Whiting Patch in the June, 1911, number of *The American Baby* (published in Chicago).

Beginning with almost infants, the little ones can be interested in the everyday things of nature, the sowing of seeds, their sprouting and growth, the fertilization of plants by bees carrying the pollen from male to female plant, the development of the chick and of birds in the egg, and the analogy between these and the mother animal which carries the young in its own body till it is developed enough for birth. Gentle emphasis on these things will prepare the mind for a realization of the human functions of reproduction, for the responsibilities of parents, that high ideals may be maintained throughout childhood and youth, and restraint and purity observed, that when the girl or boy is grown, he or she will be fit for the responsibilities of having little children of their own. This is the method worked out and taught by Miss Laura Garret, of New York, who is devoting her life to instructions along these lines. It is an inspiration to hear her give an address on this difficult subject, and a most practical help to all who wish for information and instruction on how to teach it. She is consecrating her life to one of the great vital causes of the ages.

That there are some most strenuously opposed to instruction in sex hygiene can be truthfully granted, but the consensus of opinion from educators, sociologists, physicians and nurses is that the time is ripe for instruction to be given in matters of sex. But there is almost

universal agreement that the giver of instruction must do it carefully, veiling to a certain extent sex emphasis, giving it without self-consciousness, helping untrained minds to see facts in their right position and proportion; helping not only the mind to see, but the character to act aright and develop in strength, purity and self-restraint. I think Miss Garret's idea of pictorial suggestion very practical. Show the class, or the individual, child, or girl or boy, a picture of some saint or hero. The Madonna, St. Michael chaining the devil, Saints George or Margaret with the conquered dragon, Sir Galahad, Joan of Arc, and numberless others. The story of Joan of Arc is particularly fine for growing boys and girls, showing that though she was exposed in camp and city to insults, and was falsely accused of unchastity by her enemies, she was proven pure and commanded reverence and respect from even the roughest of her soldiers and the lowest about the camps.

But we must not expect wise sex instruction to do it all. It is a powerful factor in the cause of purity, but sporadic education alone is not enough. The sex question touches every person, every home, every community. Only by every community, every home and every person in those homes making themselves responsible for some wise effort on the behalf of humanity, can disease and moral wrong and the effects on future generations be done away with. First of all, and most important, should be an honest facing of existing facts; granted they are loathsome in the extreme,—so is small-pox or typhoid fever, or many other diseases which can be enumerated. We have learned that only by a vigorous campaign can these be eradicated. When the women all know, and the men know that they know, that about ninety per cent. of the men in the United States have venereal diseases; that about eighty per cent. of the operations on married women are the result of gonorrhœal or syphilitic infection, innocently contracted from their husbands; that, according to Dr. Dale's article in the July, 1911, *JOURNAL OF NURSING*, he puts it at a conservative estimate that there is more venereal infection among innocent married women in this country than among professional prostitutes; that "eighty per cent. of all the purulent ophthalmia of infants is gonorrhœal, and from fifteen to twenty per cent. of all the blindness in America is due to this cause; that, "according to Neisser, Germany alone has 30,000 blind persons whose affliction was caused by gonorrhœal pus, and in Paris forty-five per cent. of all the cases of blindness have been due to this infection;" that syphilis is a disease which can be transmitted in full virulence to even the third generation; that sterility is a common result of gonorrhœal infection—can any one sit back in inactive complaisance, saying "I must have no knowledge of such con-

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ditions; they are for the physician, the nurse, the welfare worker alone; it is not seemly that such conditions should be alluded to in decent homes, among decent people." Oh, people, people! men and women, mothers and fathers! Can you not see that it is your silence, your prudery, your mock modesty, your selfish self-consciousness in speaking of the pure, the clean and high functions of reproduction and sex matters;—or, worse still, of never speaking of them at all, which is resulting in wrong information and evil influences? You are leaving those to whom you owe counsel and help in the most vital things of life to get their knowledge, contorted and besmirched with indecencies, from servants, playmates, vulgar advertisements in the press of the country, from exaggerated and filthy sources; you are lending a hand in their contamination, and blunting their sensibilities and lowering their ideals. Can you not realize the privilege of helping children by telling them a few of the simple facts in the simplest possible way, and your power, if it is rightly used, in giving girls and boys the sympathy and help they need, as they enter their teens and develop into adolescence? In these crucial years is made or marred the character, often the mind of the child, for "as the twig is bent, the tree inclines." If in childhood and youth they are taught the need for self-control and the beauty of it, that true, noble manhood is always courageously clean manhood, if girls are helped to realize that silly self-consciousness with boys can result in harm, and boys are taught to revere and respect womanhood, there will be fewer and fewer who will go astray.

A grave phase of the sex problem is the "medical secret." In my career as a nurse, I feel that I am making a very conservative statement when I say that of the cases I have come in contact with fully half have been venereal in one form or another, and of these, I can truthfully say that I have been told of possibly a third, to preserve caution for both my own sake and for fear of others being contaminated. It has been my experience that reputable, supposedly-conscientious surgeons and physicians more frequently leave a nurse to find out from the course of treatment ordered for the patient, than tell what is the trouble, and that every precaution must be used. Now there seems to be an awakening to the fact that more is due the community at large than to one individual, but there is much yet to be wished for in the matter of reporting cases to the health authorities and the registration of such cases. I believe if no marriage certificate were allowed to be issued till the name of the man had been looked for on the registry of venereal cases, and issued only when a clean bill of health can be given, the numbers of venereally-infected would drop to a minimum, and prostitution de-

crease correspondingly. Until this secret scourge has public punishment of some sort, there is little hope for any considerable abatement of the evil. This suggestion may seem an unjust discrimination against the man, but as the man is the chief offender, certainly in the contamination of his innocent wife and their offspring, discriminating legislation against him is not unjust. Will some one ask, "If there is to be legislation for examination and registration of the venereally infected, why not go to the root of the matter and examine and register the prostitute?" This has been done, and this is what Dr. A. Blaschko, secretary of the German Society of Sanitary and Moral Prophylaxis, says: "The examination and compulsory treatment of prostitutes in Germany has not only failed of its hygienic purpose, but has actually increased the spread of venereal disease, in that it has given a false sense of security, and, in that it has encouraged men, by the arbitrary discrimination against women, to suppose immorality necessary for the preservation of their general health."

Not only in education and legislation is to lie the control of the social evil. The foundation must be character building, courage and self-control, and those women who even yet do not realize that they and their children are in the clutches of a grim Giant Despair must rouse to the consciousness of the horror of the social evil. "The secret is out, and women must no longer endure that the sacred purpose of marriage be blasted by the introduction into marriage of infamous disease and death, due to the immorality of men."

Before closing, it seems well to call attention again to the great care which must be exercised in the handling of this subject. Nothing calls for more infinite tact, especially in talking to children and boys and girls as they approach puberty. Where biology and physiology are part of the school curriculum, the teacher must exhibit no self-consciousness, or the matter is made one of sniggling and obloquy to the pupils, instead of earnest interest and natural instruction.

But in spite of discouragements and blunders, we are upon the upward path, the goal is beyond question, the ideal is high. We are but part of a great army of educators and workers amongst whose names it is an honor to have ours enrolled, and our efforts, if earnestly given, no matter how small our place, will help to carry forward this great cause, to purify life and the world, and to give to the future a nobler and a higher race.

For the help of those interested in sex hygiene, is appended a list of books, magazine articles and pamphlets upon the subject: Chapman, Rose R., *The Moral Problems of Children*; Dock, Lavinia L., *Hygiene and Morality*; Hall, Winfield Scott, *Reproduction and Sexual Hygiene*;

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Henderson, Charles W., Education with Reference to Sex; Lyttelton, E., Training of the Young in the Laws of Sex; Morley, Margaret W., The Renewal of Life; Morrow, Dr. P. A., Social Diseases and Marriage; Saleeby, Caleb W., Parenthood and Race Culture; Willson, Dr. Robert N., The American Boy and the Social Evil, The Nobility of Boyhood, 50 cents (contained in "The American Boy and the Social Evil"); Hall, Stanley, Educational Problems, Chapter on the Pedagogy of Sex, Adolescence, Youth; Northcoate, H., Christianity and Sex Problems; Janney, Dr. Edward O., The White Slave Traffic in America; Report of the 38th Conference of Charities and Corrections, in Boston, June, 1911, Sex-Hygiene Section; Kauffman, Reginald Wright, The House of Bondage; Summary of the Chicago Vice Commission, in the May number of *Vigilance*; Education with Reference to Sex in the August number of *Vigilance* (published monthly at 156 Fifth Ave., New York City, at five cents per copy); The Cause of Decency, Theodore Roosevelt, *Outlook*, July 15, 1911; Articles on The Causes of Prostitution in *Collier's Weekly*, from time to time, since April 1, by Reginald Wright Kauffman; Articles on the Necessity for Teaching Sex Hygiene, in *Good Housekeeping*, beginning with the September number; Dr. Dale's articles on Moral Prophylaxis, in the *JOURNAL OF NURSING* since the July number; Instructing Children in the Origin of Life, Elisabeth Robinson Scovil, in October *JOURNAL OF NURSING*; Leaflets and pamphlets published by American Motherhood, 188 Main Street, Cooperstown, New York; Publications of The American Association of Sanitary and Moral Prophylaxis, New York City.

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## SALVARSAN

By ELISABETH ROBINSON SCOVIL

SYPHILIS is perhaps the most dread disease known, certainly one of the most far-reaching in its consequences. Not only the victim himself suffers; he may communicate it to his wife and children.

The germ that causes the disease had been isolated, *Spirochaeta pallida*, it remained to find a drug that would destroy the micro-organism without injuring the patient. Mercury had been found efficacious if persevered with, but a more speedy remedy was desired.

Uhlenhuth, a German experimenter, had discovered that atoxyl permanently cured syphilis in rabbits, but its effect on man was so dangerous it could not safely be used in medicine.

Dr. Paul Ehrlich, director of the Royal Institute for Experimental



Therapeutics, at Frankfort, Germany, with the help of several assistants, began a series of experiments to discover a preparation of arsenic that would be as effective as atoxyl in destroying the germ and at the same time less injurious to the patient.

After long investigation he discovered a chemical compound, with arsenic as its base, which seemed to fulfil the requirement. Its descriptive name is dioxydiamidoarsenobenzol; this being rather unwieldy for common use, it was at first known as 606, from the number of experiment in which it was discovered, and later, as salvarsan.

It is a light-yellow powder and is dispensed in sealed glass capsules, free from air but containing the vapor of wood alcohol to keep it from oxidation. It dissolves in water. There are various methods of preparing it for use. Sometimes an alkali is added which is neutralized by an appropriate acid and the neutral mixture used. Sometimes the neutral base is suspended in paraffin or other oil.

It is given hypodermically and injected either intramuscularly, subcutaneously or intravenously. The insertion is always accompanied and succeeded by pain, sometimes so intense as to require the use of morphia for several days. When it is injected into the muscle, or under the skin, there is infiltration and induration; when directly into a vein there are no local symptoms, but sometimes headache and gastro-intestinal disturbance. After the administration in any form there is often nausea, vomiting and diarrhoea. When the intramuscular route is chosen the salvarsan is usually injected into the gluteal region. The intravenous method produces the most rapid effect and gives less discomfort to the patient.

Salvarsan acts with great rapidity on lesions of the mucous membrane and it is of decided value in obstinate cases of syphilis appearing in the palms of the hands and soles of the feet. The latter cases do not as a rule yield good results when treated with mercury.

One case is reported in which a plantar sore of some extent disappeared after one intramuscular injection. It had existed for twelve years and had been treated with mercury by several competent physicians. In another case a syphilitic eruption of the palms cleared up in one week after an intravenous injection.

Two observers who report a series of cases treated at the Johns Hopkins Hospital say: "Of the seventy cases treated, those in the primary stage, with chancres of from one to three weeks' duration, give the best results. Only one dose was given in each case and the sore healed promptly. The results to date in this class of cases have been particularly gratifying, inasmuch as no further manifestation of the

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disease has appeared, although periods of from two to five months have elapsed since treatment.

"Another group of cases in which results seem to be very satisfactory is that in which the patients have received the drug following a vigorous course of mercury for periods of from a few months to a year, with the disease under control at the time. None of the cases in this group has so far recurred clinically, and in all that we have been able to follow serologically, the Wasserman reaction has remained negative. Some of the cases have been under observation now for six months.

"Cases with active secondary, or florid syphilis, however, although all of the lesions and clinical manifestations have promptly disappeared following the treatment, and in many cases the Wasserman reaction has become negative, almost invariably recur at a later date.

"In cases with the late recurring secondary and tertiary lesions, or in which more or less diffuse syphilitic processes are present in the body, an absolute eradication of the disease with one or more doses of the drug can scarcely be expected. In none of our cases of this type have we been able to accomplish permanent results with salvarsan alone, although a marked beneficial effect on the lesions has almost always been observed.

"In six cases which were followed in order to observe the effect on the *Spirochaeta pallida* in open lesions, the organisms were seen to disappear in from five to twelve hours."

The consensus of opinion seems to be that the drug is invaluable for the treatment of patients who cannot tolerate mercury. In any case it should be given in combination with other drugs except where it is contra-indicated. It kills the specific organism in the tissues more rapidly than mercury does, but may with advantage be followed by a course of mercurial treatment when this can be borne.

The use of salvarsan is contra-indicated when there is severe cerebral disease, cardiac affections and arteriosclerosis. It is said that it should not be used when diabetes is present, nor in any condition in which the body is much enfeebled.

Its effect on the optic nerve was feared, as different arsenical preparations have caused amaurosis, and it has been found not to be entirely free from injurious influence on the nerves in the orbit. This, however, seems to be rarer than might have been expected, and there is a question whether the affection was not due to syphilis, or to some previous treatment with arsenic in another form.

One physician in reporting its use says "While attention was fixed on the eye the ear seems to have suffered, as since the introduction of

salvarsan an unusual number of troubles with the vestibular apparatus have been observed in early syphilis. It would seem that the arsenic in salvarsan acts true to its kind and we cannot entirely escape its predilection of this metal for nervous tissue."

The intolerable pain sometimes experienced when salvarsan is introduced into the system shows that the arsenic is acting on the nerves.

It seems to possess the tonic effect of other forms of arsenic; many who have employed it testifying that their patients have gained in weight, strength, appetite, and general well-being under its use.

Salvarsan has now been in use for more than a year and it is interesting to note some of the conclusions that have been arrived at concerning it.

One observer says, "Salvarsan in its present form can never become a popular remedy. Paul Ehrlich, however, is so ingenious that any day he may invent a modification that will be more easily administered and be even less toxic."

"The intravenous method of administering it constitutes a surgical operation, demanding skill, intelligent care and the strictest antiseptics," since salvarsan itself is not an antiseptic. The solution must be made with extreme care and must be perfect. It cannot be given by mouth.

In giving it intramuscularly there is sometimes induration at the point of entry which causes much inconvenience. In one case the accumulation had to be cut out and 80 per cent. of the drug that had been injected remained unabsorbed and was removed.

It has been observed to have no disturbing effect in pregnancy.

In the most pathetic cases of syphilitic infection, the hereditary, it is conceded that the infant should nurse a mother who has been treated with salvarsan or a syphilitic nurse who has received it.

The child may be fed with the milk of a goat which has had an injection of salvarsan, or of a cow that has been similarly treated. It is suggested that the arsenic may undergo some modification in the body of the animal that renders it harmless to the child.

In some forms of syphilis the injections have entirely relieved patients who were suffering agonizing pain.

One observer says: "Whether or not salvarsan will cure syphilis remains to be seen, but it must be admitted that it will do some things that mercury will not do and therefore must have a place in our therapeutics."

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## THE NURSE IN WHITE

By MARGARET A. MOTSCHMAN, R.N.

Graduate of the Boston City Hospital

"TELEPHONE Miss A." Yes, it was a call to go on a case, one beautiful day in September. Spick, span, and spotlessly dressed in white, she entered the sick-room, carrying with her not only perfect training as to the best way to care for her patient, but also the fresh cleanliness that the uniform of the trained nurse gives to the weary eyes and jaded nerves of the suffering one.

During the severe illness she never allowed herself the slightest abatement in regard to her uniform; as soon would she have thought of neglecting some duty or little act of attention which would give comfort or healing to her patient. After many weeks, however, the sick one began to gain. Then came the long and tedious convalescence, so trying for patient, family, and nurse. This case was in the country, at the top of a high hill, far away from city conveniences and steam-heated houses. The weather grew colder, and the fast-approaching winter brought strong north winds to send chills throughout the house. Everyone put on warmer clothing and prepared to face a New England winter by getting the stoves in readiness, some with coal, some with the open grate fire which is only exceeded in pleasantness by the open fire-places, but, alas! like all open fires so cheery to look at, apt to warm only one side of the room, or those people who were nearest to it.

Very soon the nurse began not only to feel the cold, but beheld herself struggling hard to keep the white dress clean. Then came the problem of help in the house as well as in the stable. One of the men left, his place could not be filled immediately, so the women folks were left to do "their own shifting" in the house, as farm language goes, for the other men were needed for outside work. Fires must be tended or they would go out, and they seem to need almost constant attention—a hod of coal here, a log of wood there, and all were comfortable, but, alas! the white dress refused to stay spotless; something must be done.

Common-sense came to the rescue. Off came the uniform, and a dark skirt with a blue and white shirtwaist took its place. The patient, now on the road to recovery, enjoyed the change, with the remark, "Now I shall get well faster, as it does not remind me so much of being sick." The nurse could do her work more easily, knowing the sacrifice of her uniform was appreciated by both family and patient. The case lasted three months, but it might have been longer before the patient could

have spared her nurse had the nurse not been so dressed that she could lend a helping hand when needed during convalescence. As it was, all were made comfortable in this country house, the nurse not only enjoying her stay, but finding both rest and health in the bracing air of the New Hampshire hills, leaving many friends behind her and receiving the gratitude of patient and family when the case ended with the full recovery of the sick one.

A word more. We nurses love our uniform and are proud of it, but there are times when it should come off, and wise is the nurse who knows when that time comes.

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### A SMALL-POX EXPERIENCE IN CALIFORNIA

By ELLEN LEE

Graduate of the New York Hospital Training School

WHEN Dr. D. called me up by telephone, giving me the opportunity of taking charge of the isolation cottages through the epidemic of small-pox running in the city of S. during the fall and winter of 1908-09, my first thought was that I could not, but when reminded what it would mean in shillings and pence, the greed for filthy lucre overcame me, and I consented. My motives were mixed, as only truly great people are single-motived.

The hospital where I had this experience is a county institution in California, and is in many ways an ideal place. Dr. D. has been there about ten years, and has developed and improved the place until there are now separate surgical and medical pavilions, a tuberculosis pavilion entirely by itself, a simple operating room after the Mayo plan, and last but not least, two cottages for isolating purposes. These stand at one side of the grounds which surround the rest of the buildings. Each cottage has a strong, low fence encircling its plot of ground, and patients are not allowed outside this. Usually one cottage is kept for scarlet fever, diphtheria, etc., but at this time we needed both cottages for small-pox.

One of the pictures shows the cottages. They were simple but delightfully workable. Each room opened on a porch running the entire length of the cottage. Each room had two windows and the outside door, insuring good ventilation. The floors and walls were painted drab. The furniture included an iron bed, two chairs, and a bed-



ADMINISTRATIVE BUILDING



ISOLATION COTTAGES



PATIENTS ENJOYING SUN BATH



A HAPPY SIDE OF ILLNESS



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stand, painted white, so soap and water could be given the right of way. The rooms, when ready for occupants were not uninviting; quite the contrary, with their white sash curtains and spotless bed, and as this was in sunny California we had many plants in the rooms—smilax, etc. Each cottage had a bath-room with bath-tub, bowl, and toilet. There was always plenty of hot and cold water, and steam pipes, three in number, ran through all the rooms.

This epidemic, as nearly as I could find out, was not particularly severe, although true small-pox. It ran for about four months, there being only three confluent cases, to my knowledge, all such patients dying before they could be brought to the hospital.

When I took the position I was very skeptical as to the value of vaccination, through my own ignorance, surely, but that same ignorance is appallingly wide-spread. We had about sixty cases while I was there, and the three that were severe gave no history of vaccination. The rest had either recently been vaccinated or could show old scars. The lesson I learned is obvious, and now I feel that any person once thoroughly vaccinated can never have small-pox in a severe form. The unfortunate three were pretty uncomfortable for a time, one being in bed for about ten days. One of them was a minister, a victim of his own scoffing. He had the disease thoroughly and learned through several days' torture the value of vaccination. The rest of the patients were in bed only a few days at most, and I think they got along more rapidly by being out of doors. Again I must remind you that we were in sunny California.

Patients came to me after the high fever had abated and the pox were thoroughly out. I believe there is no way of making a positive diagnosis of this disease until this stage is reached, although in some cases a few straggling pox may be found sufficiently clear to be proof.

As soon as they are well out, and the strain on heart and heat centre is relieved, the patient in mild cases feels fairly well, is hungry, and desirous of some occupation, play being preferred to work, of course. The inside of the hands and soles of the feet are often very sensitive, as the pox are working their way out, and these are the last scars to heal. Sometimes when Dr. D. had told a patient (a man, always) that he might go home when all sign of desquamation had disappeared, I would find him digging these little brown spots out of his palms with a pocket knife. When the pox are large, with occasional confluent groups, there is apt to be a secondary fever, due to absorption; in my experience being as high as 102°, and the patient then has two or three days of extreme discomfort.

The treatment of all cases was of the simplest. By the doctor's order, sulphur, gr.  $\frac{1}{2}$ , was given every two hours to each patient, with a generous amount of water, which doubtless did its part. The only other medicine given was a cathartic occasionally, and one patient had two doses of heroin for cough.

On my part, through my overpowering desire to keep them clean—and some of them came to me in need of severe treatment along that line—I stumbled upon a treatment which Dr. D. said had never, to his knowledge, been tried before. It was a case of a "fool's stepping in where angels fear to tread," for it never entered my head that I was doing anything radical. You can understand that to handle so many patients I had to be as systematic as possible. It was impossible for me to give all patients sponge baths, and I found that, left to themselves to take them, they seldom got farther than their chins, so being a firm believer in the efficacy of daily ablution, I determined on what we called "the bath brigade." At 7 P.M. I filled the tubs with as hot water as the patients could stand, and put into the water a solution of carbolic and glycerine, aa, using enough to give just the faintest odor. This may have been a balm to my conscience only, or it may have had some virtue. When the tubs were ready, patient No. 1 would take his bath, wash out the tub with Bon Ami, and start the water running for patient No. 2, and so on, until all had bathed.

The advantages of this daily tubbing are too many to enumerate any but the chief, which are freedom from itching, and, therefore, no marking. I had only one patient who complained of itching, and he was a Portuguese who, I fear, was loath to give the water a fair show. Not even the children bothered me with scratching, and I had about a dozen. The disease cleared up more rapidly through the tonic effect on the skin. The general condition of the patients was better, they ate better, and slept better. The danger of contagion through linen, dust, etc., was lessened, because the hot water softened the scabs, and a goodly number came off in the tubs. Also these friends of mine were toned up morally. I shall probably never again have just the peculiar opportunity I had then to test the deep value of soap, water, and fresh air. Most of my patients were dirty. They came from dance halls, beer gardens, and the very poorest part of the city. There were, of course, some exceptions, people boarding, etc., and one of my patients, as I have said, was a minister, who had his wife with him. Here let me say that, including some cases which proved to be German measles, we had five people in these cottages, not small-pox patients, thoroughly exposed, none of whom contracted the disease.

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When I was in training, I used often to feel that a dirty, ill-kept woman could not be in a clean bed, with her body wholesomely cared for, if only for a few weeks, and ever sink back as far again, as she had been before entering the hospital, and now I am sure of it. These friends were, for four weeks at least, absolutely under my care. I scrubbed and fresh-aired them to my heart's content—a rare chance for me. We had breakfast at 7 A.M., of good simple food, with plenty of milk and cream. Then all patients who could, swept and mopped their rooms, and by 10 all soiled linen was in the tub of formalin solution. All dishes to be returned to the kitchen were in a pail of formalin solution, from which they were taken out wet. Dinner was at 12, supper at 5.30. Baths began at 7, and at 9.30 P.M. all were in bed. For the rest of the time the patients were kept out of doors as much as possible when the sun was warm, and they were sheltered from the wind. For the most part they were fairly content and cheerful, and some were loath to leave.

The results of systematic living in those under-fed, ill-cared-for children and the dissipated men and women were wonderful to watch. After one week of the simple life, the children were like drooping flowers suddenly revived by gentle showers and warm sun. That result alone more than repaid me.

There is much I have not told, perhaps the very things you would like to know. However, I will stop here by simply saying that my faith is strengthened that soap, water, and fresh air are not only wonderful purifying agents, physically, but are as wonderful purifying agents, morally, to a degree beyond my understanding.

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## EMERGENCY CARE OF THE MENTALLY DISORDERED \*

By SMITH ELY JELLIFFE, M.D.

EMERGENCY care in surgical practice, meaning usually "first aid to the injured," is something very definite, whereas in the subject about to be discussed it may mean a number of different things, from sprinkling a patient from a water-cooler to calling up the police department.

We have to consider the care of a mental case at the home, in the street on transportation to a hospital, in the hospital wards proper, and furthermore one has to take into consideration the emergency care of

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\* Notes of lecture delivered before the nurses of the Neurological Institute of New York, October, 1910.

the numerous accidents that occur to the mentally disordered, and of other accidents that bring on attacks of acute mental disturbance. Thus the subject of this lecture becomes fairly well spread out, and offers considerable opportunity for discussion.

We are to speak, in the first place, more particularly of the care of the violent, the destructive and the impulsive. These terms, it must be remembered, are descriptive solely of conduct, and have nothing to do with what the doctor would call a diagnosis. In nearly all of the mental disorders which fall within the scope of the alienist to treat, violent, destructive or impulsive acts are liable to occur, and although these acts may be so performed as to offer some clue to the observer concerning the type of disease under treatment, it must not be inferred that there is any one mental disease in which such acts occur and not in others.

Furthermore, in discussing the care of such patients let it be firmly held in mind that, inasmuch as such types of conduct may occur in various mental disorders, any uniform method of handling them is bound to invite discomfiture, for the wild excitement of a patient suffering from what the alienists would designate as the manic phase of a manic depressive psychosis requires quite a different mode of approach from the patients whose excitement is due to the disease general paresis, and which, to the untrained observer is quite similar to that of the excitement of the former.

Secondly, we should not lose sight of the fact that violent and destructive states are rarely continuing. The lurid picture of wild excitement with which literature abounds is rarely met with in real practice, and with proper modes of treatment need continue, when present, only under certain limited conditions.

Thus the first question that should be brought to your attention, even should you imagine that you are to deal with patients who do not know what they are doing, is that of your mode of approach on your first introduction to your patient.

Before going further into the question of violent and destructive actions, let me say a word in explanation of what we understand by pathological excitements, and what significance they may have from the standpoint of the physician working with mental cases.

You can all readily understand that the contrasting states of excitement and of depression must have always stood out in the picture of the mentally sick. You may not know that these two states formed the basis of the classifications of mental diseases for the earliest Greek physicians, and that even to-day for the laity mania is synonymous with excitement, and melancholia with depression. With the advances

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made, however, by physicians who have studied the workings of the mind, it has become apparent that a number of different diseases of the brain machine can give rise to excitements and the same is true for the depressions, and I wish by the use of a figure to illustrate just this point, and to show you into what different divisions the excitements may be divided, and then we can study some of the physical and mental signs by which they may be recognized. Naturally, in order to look after such varying excitements, some knowledge of their cause is necessary.

Let us imagine two circles—the inner one representing the great mass of miscellaneous pathological excitements; in the days of Hippocrates they would all have been called *paranoias*, or *amentias*, or *phrenitis*, and perhaps some other names. Some of the first conditions which gave rise to these excitements that were recognized by these early physicians were those due to the acute diseases, such as pneumonia, typhoid fever, malaria and the like, and for many years the word *phrenitis* was applied to these excited maniacal states that accompanied the fevers. This was the first recognition that these excitements might not all be of the same kind. It was probably also soon recognized that strong drink gave rise to a mania, and *delirium tremens* was well known in the early days. Thus a group of toxic excitements was split off from the others, and the big group of the manias was still further limited. This process of sorting took place gradually and finally we find the group of excitements split up into a number of groups. The deliria of fevers, or infectious psychoses, the toxic and exhaustion psychoses or deliria, the excited mental states due to meningeal diseases, the excitements due to organic disease like tumor, foreign bodies, cerebrospinal syphilis, epilepsies, and multiple sclerosis. When, in the middle of the last century general paresis was clearly recognized, this cut off a large section from the maniacs, and then they were further reduced by the growing knowledge of dementia *præcox* excited states, of hysteria, etc., until finally there remains only one true mania—the mania of manic depressive insanity.

It has taken thousands of years to reach this point, and it is not improbable that the circle will be still further divided and subdivided into different groups which are all quite unlike with the exception of the one common factor of excitement. Unfortunately the day has not yet arrived in psychiatry when the tendency to name a disease according to one striking symptom has been overcome, but it is slowly arriving. I bring this matter up because in your work in controlling these excited patients you will soon learn to distinguish the earmarks of these differing psychoses and not fall into the faulty habit of regarding all violent acts as similar.



It is frequently said that the best policemen on the force are those who have gained their experience of how to handle people as attendants in those hospitals that treat mental illnesses. This simply means that the same principles apply to the handling of the healthy and of the diseased. Whereas one finds differences in degree, there are few differences in kind, and if for so-called normal people the first impression is of value, it is of even greater importance in the first impressions in the mind of an individual who is more apt to react immediately to his first impression than is the more balanced mind and controlled healthy individual.

First impressions then are to be carefully considered. You as a nurse have to be of help and assistance—that is your key-note. You are a friend, not a hireling and a paid stranger. You are not to wait to be asked to do things, but should anticipate the desire and do the needed thing with neatness, despatch and resolution. Remember that practically all excited patients, unless working with their own deliria or in confusion, are keenly alive to what is going on, and that injudicious talking may only serve to excite suspicion ever ready to feed on mental pabulum. In the beginning of your work, be a worker, and remain a sphinx. When through your head and hands you have made yourself needed, then you may be able to afford to talk, but above all do not be gushingly sympathetic in word or in action. I shall return to this attitude of treatment in speaking definitely of certain cases with which you may have to deal.

Be eternally vigilant. The emergency is to be met with at every turn, and is to be anticipated. By this I refer to the actual conduct of the patient, which may result primarily from his mental disorder, as well as the accidents and emergencies that may arise, dependent or independent of the disease. Mischievousness, maliciousness, downright destructiveness are found in the manic, the paretic, the dementia præcox case; accidental choking may result in the deteriorated, the stupid, the senile, the confused; delusions of persecution may lead to acts of extreme violence, while delusions of unworthiness, of sinfulness frequently lead to attempts at self-destruction. Convulsive seizures in epileptics, in paretics may occasion severe accidents. Thus a great variety of acts, violent, destructive and impulsive, must be constantly guarded against.

In endeavoring to follow out one's work in as efficient a manner as possible, and yet to be on the alert for the accidents and emergencies just referred to, it is important that the external evidences of an over-watchful, over-suspicious attitude be suppressed. Vigilance should be there constantly, but masked; the removal of objects likely to suggest weapons of violence must be done unostentatiously and yet effectively;

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the nurse should arrange the furniture in a room so that the minimum opportunity for accident or confusion be afforded. It is in the sphere of avoiding accidents that the greatest efficiency is attained. Slippery rugs, polished floors, protruding rockers of rocking chairs, useless jim-cracks, hot water radiators, toilet chains, steam pipes, machinery, steps, hangings, all of the usual surroundings should be carefully scrutinized in advance as to possible complicating factors for the particular case in hand, and one's mind already made up as to the proper method of meeting an emergency.

Much useless contention or irritation that leads to violence is avoided by the watchful nurse, and attempts at impulsive acts, particularly suicide, can be aborted. Constant and thorough watchfulness is imperative and will meet with its reward. It goes without saying that a nurse who loses her head should not attempt to work with those suffering from mental disorder, for the accidents and emergencies that come up do so at most inopportune moments and under conditions which are usually most trying. Quick sizing up of the situation and prompt action, preferably not too prompt if one is apt to be rattled, are required. Further situations call for inaction, and the skilful nurse learns how to refrain from action, and thus avoids unpleasant issues that otherwise would result in conflicts and even violence.

Violent, destructive and impulsive acts, as I have already pointed out, are not the attributes of any particular kind of mental illness, but rather may be found in a number of quite different kinds of mental disorders. As a rule, patients when suffering from a mental disorder, in the course of which they show such motor manifestations, are best treated in a special hospital, and in private work one is rarely called upon to care for such cases. Only in the beginning of the psychosis, previous to transfer to a hospital, will the private nurse be called upon to observe and care for such forms of disordered conduct.

Violence as a symptom, a motor manifestation of loss of control or excessive irritation of the motor symptoms, presents a number of gradations and a variety of forms. Hence in the beginning permit me to call attention to the fact that the note on the history chart "Patient is violent and destructive" in reality means very little to some one else who has not seen the acts themselves performed. This permits me at this time to call to your attention a point of primary importance, concerning which I shall have occasion to refer again and again. I mean the method of recording your facts concerning these motor manifestations. I say facts advisedly, for unfortunately nurses, and even physicians, get in the bad habit of recording judg-

ments and inferences rather than facts. So instead of recording "patient is violent and destructive," write just what the patient did. "Patient sprang from bed, went to window, banged with great violence upon window with hand several times, paced backward and forward in the room, stumbling over the objects in the room, muttering meanwhile 'Take them away; they are after me; the red things, they squirm,' then beat the air with his arms," etc. From such observations the character, maybe the cause, of the patient's activities can be judged by the physician. This is important, for excitement takes different forms in different mental disturbances, and much can be learned of the fundamental psychosis from accurate descriptions of the motor manifestations. Thus the violence of a post-epileptic furor is very different from that of the delirium tremens violence, or that of the excited manic, and yet again from that of the hysteric and the paretic. From the description cited one can easily draw the inference, yes, almost come to a positive conclusion that the patient had delirium tremens; the motor restlessness, the violence of trying to escape something, the presence of hallucinations of sight, all point to some form of toxic delirium.

Such deliria may result from a variety of intoxications. Infections and exhaustion also give rise to practically the same types of deliria, so they may be discussed under one head as the toxic, infectious and exhaustion deliria. These excitements are apt to be quite violent, but may vary from slight agitation to the wildest forms of furibund violence, coupled with destructive and homicidal possibilities in the event of a struggle. In the milder grades the patients are oriented both as to time and place, but in the severe grades this lack of orientation is very manifest. Although one may talk with such patients, and hold their attention for a time, they usually soon wander off and commence to work with their own ideas. Loss of knowledge of one's surroundings with no loss of ability to express one's self, or no failure to understand what is being said is a very striking characteristic in these deliria. From the patient's attitude of looking about, under the bed, at you, suddenly over his shoulder, working with his hands meanwhile, it may be in the motion of driving a horse, or running a sewing machine, or laying bricks, etc., one can see at once that he is in what is termed an occupation delirium—he is doing his daily occupation over again in a dazed dreamy excitable way, and is seeing objects about him at which he strikes, or spits, or dodges, or kicks, or at which he throws some missile. There is anxiety, or even fear, in his emotional attitude. This is the typical mild or severe delirium of the toxic, infectious or exhaustion case. It is present in chronic alcoholism, delirium tremens; in the delirium of infection after

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childbirth, in the exhaustion delirium of excessive lactation, in anæmia, in a post-pneumonia or post-typhoid case. In times of war and stress soldiers frequently suffer from this type of delirium and the ancient descriptions of the old-time furious lunatics are largely drawn from such cases.

In the milder cases, by falling in with the mood of the patient—by taking the supposedly-finished bit of hypothetical garment, by diverting the attention as the excitement wanes, one can keep such patients in bed and prevent their hopping in and out and walking around, whereas an offer made to restrain them would result in most violent and vehement protest and maybe lead up to an assault. In the more severe grades of such deliria the same character traces are present, but the patients cannot be diverted, and require for the most part physical or chemical restraint to which I shall refer later.

*(To be continued)*

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## HIGH CALORIC FEEDINGS FOR TYPHOID PATIENTS\*

By MARION ROTTMAN  
Bellevue Hospital, New York City

WITHIN the past five years experiments have been made to prove that withholding food from a patient with a temperature is a fallacy. Heat is produced when any material combines with oxygen. Then food is to the body what fuel is to an engine, and when food is withheld the reserve supply of nourishment stored in the body oxidizes. The reserve supply consists of the carbohydrates stored in the liver and muscles as glycogen and the fatty deposits under the skin. When the first reserve, that stored in the liver and muscles, is exhausted the fat is consumed and eventually the protein-holding tissues. Of course during this process the body loses in weight and when, after an ordinary run of fever, the patient begins to convalesce, his convalescence must extend over the period of repair to those tissues consumed.

The principal food elements which, when taken into the body, yield heat and energy and repair tissue, are carbohydrates, proteins and fats. Carbohydrates yield a large amount of heat and energy and comprise

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\* Read before the Bellevue Alumnae Association, December 18, 1911.

sugar in all its forms, starches and cellulose. They are found chiefly in cereals, potatoes and in milk, which contains lactose, commonly called milk sugar. Protein repairs tissue. It is found in the lean of meat, white of egg, as egg albumen, in the casein of milk and cheese, in oatmeal, and all kinds of fish. Fats are readily oxidized and also produce heat and energy, and are stored in the body for future use.

Heat is measured in heat units called calories. There are two calories. The one which is the amount of heat required to raise 1 gram  $1^{\circ}$  Centigrade is called the small calorie. The amount of heat required to raise 1 kilogram  $1^{\circ}$  Centigrade is called the large calorie. It is the large calorie referred to in High Caloric Diet.

The caloric value of food is determined by analyzing the different articles of diet and ascertaining the percentage of fat, proteid and carbohydrates. Then, knowing that 9.3 calories are required to burn 1 gram of fat, or that 9.3 calories of heat are yielded when 1 gram of fat is burned, the caloric value of food rich in fat is learned. The caloric value of protein and carbohydrates is learned in the same manner, or that 1 gram of either yields 4.1 calories.

A man weighing 150 lbs. at rest in bed requires about 2500 calories daily to maintain his equilibrium because, being at rest, there is no waste of heat or energy. At hard labor, he would require between 4000 and 5000 calories. With an elevation of temperature, he would require almost as many calories as a man at hard labor, or between 3000 and 4000 calories. If not supplied this amount, his own fat and muscle are oxidized. If fed this amount, he ends the period of fever without much loss of body tissue. Thus he retains his strength and convalescence is hastened. If withheld, his convalescence must extend over the period of tissue repair.

Then the question arises as to what food could be given a typhoid fever patient running a high temperature. The following feedings have proved very successful with typhoid fever patients in Bellevue Hospital: The *first day* give: Milk oz. vi with cream oz. i and lactose grms. v. Feed at 9, 11, 1, 3, 5, and 7 during day, and 10, 1, 4, and 7 at night. If this is retained and no bad symptoms arise, increase lactose and cream, or give milk oz. vi with cream oz. ii and lactose grms. x. If there is diarrhœa, decrease the amount of cream and increase lactose. If tympanites appear, decrease lactose and increase cream.

The *second day* he may have cereal with cream and milk sugar, an egg, soft boiled, a piece of bread or toast with butter, and a glass of milk.

Three heavy feedings a day at 9, 1, and 5, with cocoa, milk and cream, or lemonade with milk sugar at 11, 3, and 7. All food must be weighed

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7 A.M. Egg  
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9 A.M. Cocoa

11 A.M. Milk

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3 P.M. Lemon

5 P.M. 1 Egg  
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Total

7 P.M. Lemon

10 P.M. Cocoa

1 A.M. Milk

4 A.M. Milk

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Rice, oz. i

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or measured and, knowing the value in calories of the food given, the caloric value of all the food given must be summed up and charted thus:

- 7 A.M. Egg i; toast or bread, 1 slice, with butter grms. xx, coffee oz. vi with cream oz. ii and lactose grms. xxxv. Total, calories, 567.  
9 A.M. Cocoa, with cream oz. iii and lactose grms. lx. Total, calories, 426.  
11 A.M. Milk oz. vi, cream oz. ii, with lactose grms. xv. Total, calories 322.  
1 P.M. Egg i, mashed potato grms. xxx, custard oz. iv, toast or bread 1 slice with butter grms. x, coffee oz. vi, with cream oz. ii, and lactose grms. xxxv. Total, calories, 857  
3 P.M. Lemonade with lactose grms. 120. Total calories, 480.  
5 P.M. 1 Egg; rice oz. iv, with cream oz. iii, and lactose grms. xx, bread, slices ii, with butter grms. xx, prunes iv, tea with cream oz. ii, lactose grms. xx. Total calories, 1146.  
7 P.M. Lemonade with lactose grms. 120, albumen of 1 egg, Total calories, 530.  
10 P.M. Cocoa with cream oz. iii, lactose grms. lx. Total calories, 426.  
1 A.M. Milk oz. iv, with cream oz. ii. Total calories, 216.  
4 A.M. Milk oz. iv, with cream oz. ii. Total calories, 216.

Total calories for 24 hours, 5186.

The caloric value of the different articles of food given are as follows:  
Rice, oz. i = 50 calories; cream of wheat, oz. i = 35 calories; oatmeal, oz. i = 35 calories; custard, when made by receipt (depends on ingredients) = 315 calories; bread slices, iii = 100 grms. or 200 calories; milk, 0 ii = 740 calories; milk, 0 i = 23 calories; cream, oz. i = 62 calories; lactose, grms. i = 4 calories; eggs, i = 80 calories; yolk = 30 calories; white = 50 calories; butter, oz. i = 225 calories; crackers, iv = 50 calories; mashed potato, tablespoonfuls iv = 100 calories, oz. i = 50 calories (if cream or butter added, amount to be charted); apple sauce, iv tablespoonfuls = 100 calories; stewed prunes, iv = 100 calories.

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## THE DOCTOR AND THE NURSE IN INDUSTRIAL ESTABLISHMENTS\*

By LILLIAN D. WALD

Head Worker, Nurses' Settlement, New York City

THE application of the established principles of safety, sanitation and hygiene to shop practice rests upon three fundamental conditions: (1) Intelligence and goodwill on the part of employers that they may desire

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\*Read in discussion at the meeting of the Academy of Political Science, Columbia, November 11, 1911. Reprinted from the Proceedings of the Academy of Political Science, Vol. II. No. 2, January, 1911.



to provide conditions which will insure well-ventilated, well-lighted and well-cleaned working places, to guard dangerous machinery and to furnish protection against fire. (2) Interest and responsibility on the part of employees that they may make concerted demand for sanitary standards and may co-operate not only in establishing these standards but also in maintaining them. (3) Enlightened opinion on the part of the public, that it may, through its knowledge of what constitutes good service, insure competent factory inspection and sustain protest against interference with the official integrity of the factory department.

But in addition to all these conditions, service to the individual in the shop is essential both for treatment and for education. The need for such service has led to the employment of trained people for this purpose. The discussion of general sanitary conditions too often brings no specific evidence of the relation of such conditions to individual ill-health; the work of the doctor and the nurse necessarily emphasizes the individual consequences of such conditions.

Many industrial establishments (the exact number cannot be ascertained, since the experiment is new and the printed information fragmentary and indefinite) employ doctors or nurses or both. Inquiry has been made of some twenty as to why they do so. Practically all make the same answer: "It pays!"—"It is a saving to the firm in prevention of infections and large hospital bills!"—"Our medical department is considered of economic value or it would not exist."

The employer testifies that he secures increased efficiency by having some one on the spot to whom the employees' illnesses may be reported. Serious effects from minor accidents are prevented by giving immediate aseptic treatment. Headaches, hysteria and small ailments can be controlled by the nurse through the application of common-sense on her part, and because the workers have confidence in her. The loss of an entire day's labor because of slight and temporary discomfort is often eliminated through the nurse's attentions.

A manufacturing company employing over 2600 persons reports that three years ago, before the establishment of a factory doctor or nurse, it was found upon careful study that an average of six men were absent from work daily owing to slight injuries, which were not serious in themselves but which had resulted in infection through lack of early attention. As the firm paid wages for a portion of the time employees were absent because of illness, there was a twofold loss to it, namely the wages paid and the decreased production, and in addition the reduced earnings and the suffering of the employees themselves. During the year ending October 31, 1910, after the employment of a nurse and physician, the

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company reported that out of some four thousand minor injuries such as cuts, bruises and sprains, the infections resulting did not average more than four a month. The firm states that the experiment has been of value to the company and to the workers and has opened up avenues of usefulness undreamed of to them. Another firm reports important economic gains to them following the employment of doctor and nurse. In this establishment the girls work in pairs and the indisposition of one means the loss of the work of two. Another firm employing over 2500 people reports practically the same result and adds that it will hereafter increase the physicians and nurses as the number of employees grows larger.

Care for the health of operatives has induced the telephone companies to make interesting experiments. The effect of improved ventilation has had no more convincing demonstration than that described in the United States report on the companies. The result of ventilating unventilated rooms showed a marked improvement in the health of the girls in actual figures:  $4\frac{9}{10}$  per cent. of the force were absent in 1906;  $4\frac{5}{10}$  per cent. were absent in 1907, and only  $1\frac{1}{10}$  per cent. were absent in 1908, after ventilation had been installed. Continuous study by people on the field would multiply such instances.

Such testimony as this is evidence of scientifically managed industries and perhaps is the more wholesome in that there is no attempt to assume the rôle of philanthropy, but a very frank and up-to-date acknowledgment of the good business policy that employs machinery of every kind to increase efficiency and reduce waste.

Important as is this saving to the employer and employee, the slogan, "It pays," is not in itself an appeal of sufficient loftiness to enlist the ardent support of the working people and the general public. Working people as a rule are not deeply interested in social-welfare work, since their most immediate pressure as they see it would be relieved by higher wages and shorter hours, and health protection is to them of remoter consequence. The Joint Board of Sanitary Control of the Cloak and Suit Industry is the most notable exception to this. Perhaps no social worker would be inclined to insist upon the special values of medical inspection and sanitary protection in shop and factory did he not see in the movement help towards a standardizing of work and hours.

There is a difference of opinion as to where the responsibility for the employment of the doctor or the nurse should rest. The benefit societies, long established, have accustomed men and women to an insurance against sickness for which they have themselves paid

in whole or in part. It seems natural for employees to assume that when they share the expense of the doctor and the nurse and when they have some authority in the administration of his or her work, their interests are more likely to be considered as important as those of the employer. On the other hand, manufacturers, while frankly acknowledging the economic gain to themselves, through better physical condition of their employees and through the elimination of lost time due to trifling ailments, also say that the service in the establishment is much better managed by the responsible heads of the plant. They declare that it is not desirable that first-aid treatment should in any way compete with the doctors' practice and that it should not be developed into medical clubs.

Some smaller industrial establishments not warranted in engaging the full time of a nurse have arranged with the visiting nurse associations in their communities for periodical visits from the nurse in the district; other firms that have the full time of a nurse have made satisfactory arrangements with a physician who can be called upon by the nurse when in her judgment his services are essential. The doctors are not eager to give their full time to the treatment of minor ailments and slight accidents, and one physician reports that the emergency cases which they are called upon to treat in factories where girls are employed are usually attacks of hysteria that can well be handled by the nurse alone, as can also such accidents as happen in box factories and similar industries. In naphtha dry-cleaning establishments the girls often suffer nervous attacks, loss of appetite and dizziness, and need general help and advice as much as medical care. In general it would be safe to say that the nurses are needed most where girls are employed and where the work does not involve serious accidents, but where the strain is severe from excessive speeding or where heat or noise is great.

Doctors are especially required for preventive work in the poisonous and dusty trades where regular periodical medical inspection should be given to all men and women exposed in order to defend them against the action of the poisons and to protect them against industrial tuberculosis. The presence of the nurse working with the doctor is of incalculable value in giving to him knowledge of minute symptoms that should help him in the handling of the hygiene of the industry as well as of the individual. Doctor and nurse who have broad interests and the social point of view can perform significant work in the factory and workshop in developing methods for establishing safe conditions concerning which we are at present talking a great deal but doing comparatively little.

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petty ailments is but a part of the opportunity. The field for general observation is tremendous and the nurse, if properly trained, can be of great importance in the industrial world, through her knowledge of the effects of speeding up and nervous exhaustion. She ought to know at what time of the day the workers are most subject to accidents. She should be able to work out a system of periodical rests and trace the occurrence of fatigue, illnesses and accidents to conditions and causes. She should have something definite to contribute as to the number of hours that it would be safe to work at any given trade.

Working side by side with the doctor, if there is one, she should have evidence and data to bring him upon which he may develop scientific measures of prevention and precaution. The work of the doctor and nurse should be closely co-ordinated with that of the state factory inspection, in whose hands eventually the hygiene and sanitary condition of the factory will probably be placed and medically trained inspectors added to the staff.

In this discussion, I have not referred to home follow-up work by the nurse upon which some employers of labor place great weight. They give numerous illustrations of her ability to harmonize the relationship between employer and employee and suggest the elimination through her knowledge of the homes of certain elements of disturbance in the routine of the plant.

Department stores also have utilized the nurse, and occasionally the doctor. These officials report that it has been of advantage to them and to their employees on the whole. For service of this kind there is a demand for the right kind of nurse greater than the supply that the training schools provide.

In conclusion, I would repeat that doctors are needed in industrial establishments primarily for the study of occupational diseases, for the prevention of industrial poisoning and for surgical work. Nurses are required to assist the factory surgeons and to take general care of the girls, assisting them to regulate their diet and personal hygiene, caring for them when they suffer from vague symptoms of fatigue, over-strain and bad air.

In the light of the evidence already obtained, the public would seem obligated to the promotion of a policy of supervision and education that will bring official inspection to a standard requiring close knowledge of every industrial establishment and involving not only investigation of the sanitary conditions of the premises, but physical examination of the persons employed, that there may be assurance of their fitness for the work upon which they are engaged.

The medical inspection of industries would seem to be a logical extension of the police powers of the state. That intelligent employers have found it of practical economic value to engage the nurse and doctor for their benefit—and incidentally to the advantage of the employees—is an assurance of the wisdom of promoting a public sentiment for the supervision of the individual employees in every work-shop. It would seem to promise "to pay" for the state as well as for the employees.

Protection of the workers is only in its beginning. The education of the people at the bench and at the machine is essential. Through their intelligent demand for protection and safety the presence of doctor and nurse may become universal and democratic.

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DR. ALETTA H. JACOBS, a prominent physician and woman suffragist of Holland, has been travelling in South Africa and writes to *Nosokomos* of December 6 her observations on nurses and nursing conditions in that part of the world. She finds English nurses and matrons and a general hospital system of management like that of England to be the prevailing thing in South Africa, though hospital buildings are usually rather unattractive and in that way not at all like England. She speaks approvingly of the advanced and desirable state of things brought about by the state examination and registration existing in South Africa, and mentions the universality of the three-years course as a minimum, while most nurses complete a fourth year before going up for examination. Because private duty is well paid, there is the same difficulty that we have in America in retaining good nurses in permanent hospital posts.

There are no signs of organization among nurses in South Africa. The need of association is often expressed, but no nurse leader has yet arisen. The vast distances would make national organization difficult, but Dr. Jacobs thinks local groups might succeed as a beginning. She says that Lady Gladstone, wife of the Governor of South Africa, desires to create an order of district nurses, but that the lamentable race-hatreds of the country will make this very difficult indeed, as the women of Africa strongly resent and resist the British influence and the influx of British nurses that Lady Gladstone would naturally desire to bring about. So the bitter fruits of war survive to poison character and hinder progress. When shall women set their faces like flint against its brutal dominance?

# THE RED CROSS



IN CHARGE OF

**JANE A. DELANO, R.N.**

Chairman of National Committee on Red Cross Nursing Service

THE seventh annual meeting of the American National Red Cross was held in the city of Washington on December 5, 1911. The morning session was presided over by General George W. Davis, Chairman of the Central Committee.

Dr. Jeffrey R. Brackett, a member of the National Relief Board, read the report of Col. C. A. Devol, U. S. A., Chairman of the Canal Zone Red Cross Chapter, on the relief work conducted by that Chapter after the destructive fire which visited Colon on March 23, 1911.

Mr. Ernest P. Bicknell read an extract from a report made to the Central Committee by Mr. Charles D. Jameson, the expert civil engineer sent to China by the American Red Cross for the purpose of making a study of and report on the possibility of preventing famine by river conservancy. Mr. Jameson travelled by cart one hundred and twenty-five miles through the famine region of China and described the conditions found there. He told of the helpless, suffering people wandering listlessly along the country roads, without any apparent object, and said: "When one became so weak he could not drag along he lay down in the road to die there, and whenever parents who were carrying their children found they were too weak to carry them, they put the children down and left them there to die." This interesting report will probably be published in full in the Red Cross Bulletin.

Dr. H. Y. Yemans, U. S. A., Reserve Corps, and Vice President of the Esperanto Association of North America, discussed the desirability of the Red Cross personnel having a knowledge of this so-called international language. He said that this language is easily acquired, is without exceptions and without irregularities. This recommendation is certainly appealing, and a knowledge of this universal language might be of inestimable value to Red Cross nurses.

Col. William C. Rivers, U. S. A., who was in charge of the relief work under the Philippine Red Cross Board after the eruption of the Taal volcano, read a paper descriptive of the relief operations necessitated by that disaster.

Papers were read on "How Red Cross Christmas Seals Are Sold"



and "How the Money is Expended," by Mr. Robert C. Sanger and Mr. H. Wirt Steel, respectively.

Judge W. W. Morrow, of San Francisco, Chairman of the San Francisco Red Cross Chapter, addressed the Convention on the subject of the proposed Panama-Pacific International Exposition to be held in San Francisco in 1915, and stated that the people of San Francisco have already contributed \$7,500,000 for this exposition. The city of San Francisco and the state of California have each contributed \$5,000,000. Judge Morrow said that they hoped to make this a great educational exhibit to show the subjugation of matter by the mind of man, the unity of nations, and over all the spirit of the Red Cross. In behalf of the management of this exposition it was suggested that an invitation be extended to all foreign Red Cross societies to hold an international Red Cross conference in San Francisco at the time of the exposition, also, that the American Red Cross take charge of such first aid work and emergency relief as might be necessary during the construction of the exposition buildings.

Mr. George E. Holt, who was connected with the American Consulate at Tangiers, Morocco, at the time of the organization of a Chapter of the American Red Cross at that place, spoke briefly of the work of that Chapter.

Miss Boardman addressed the Convention on the subject of the Ninth International Conference.

Upon a resolution, Red Cross medals of merit were voted to Doctors Richard P. Strong and Oscar Teague, of Manila, P. I., in recognition of heroic service rendered in connection with the International Commission organized for the purpose of stamping out the pneumonic plague in Manchuria. Col. William C. Rivers, U. S. A., was voted a Red Cross medal of merit in recognition of his services in the relief work after the eruption of the Taal volcano.

Mr. Robert W. de Forest, vice-president of the Red Cross, and chairman of the Red Cross Emergency Relief Committee which had charge of the relief work after the Washington Place factory fire in New York City, read a report on the work of his committee. One hundred and forty-five persons lost their lives, either at the time of the fire or dying soon after from injuries received. \$103,000 were donated within a few days for relief work. One interesting point brought out of the administration of this relief fund was that, as a rule, families were more dependent upon the wages of the women than upon those of the men, and that it was an exception when fathers and sons were important factors of the family income.

President William H. Taft, who was presiding at the afternoon ses-

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sion, spoke briefly of the Bureau of Mines Safety Demonstration at Pittsburgh, October 30, 31, 1911.

The Honorable Huntington Wilson, Assistant Secretary of State, and chairman of the Red Cross International Relief Board, read the annual report of that board. His report showed that the American Red Cross had expended about \$95,000 in relief work abroad during the year, covering nine different disasters.

Brig.-Gen. George H. Torney, chairman of the Red Cross War Relief Board, read a report of the proceedings of that board for the year. Major Charles Lynch, chairman of the First Aid Committee of the War Relief Board, and Jane A. Delano, chairman of the National Committee on Red Cross Nursing Service, read the annual report of their respective committees.

#### A VISIT TO THE HOSPITAL SHIP "SOLACE"

EARLY in December the U. S. Naval Hospital Ship "Solace" came to anchor at the Washington Navy Yard, and a request was at once sent to Surgeon General C. F. Stokes that an opportunity be given the Washington and Baltimore Red Cross nurses to visit the ship. Dr. Stokes is a member of the Red Cross War Relief Board and much interested in the nursing service of the Red Cross, so that the necessary arrangements were easily made for Saturday afternoon, December 11. All Red Cross nurses and superintendents of training schools in Baltimore and Washington were invited, and, in spite of a stormy day, it was estimated that nearly one hundred were shown over the "Solace."

Under normal conditions 234 enlisted men and 9 officers can be cared for, but the ship carries supplemental equipment for the accommodation of many more. The length of the "Solace" is 361 feet, beam 44 feet; not large when compared with a great battleship, but so wonderful is the utilization of space that she carries on board all the conveniences of a modern hospital, an electric plant, ice plant, distillers which produce 8000 gallons of pure water daily, sterilizing and disinfecting rooms, steam laundry, dental office, X-ray and photographic rooms, laboratories and special diet kitchens. Excellent libraries are provided for the use of officers and men, also a piano, a victrola and a moving picture outfit for the amusement of the ship's company and patients. In the extreme stern of the boat was found a small inclosed space placarded "The Farm," and presided over by a patriarchal-looking goat, "Billy." The nurses were especially interested in a stretcher designed by Dr. Stokes several years ago, and known as the "Stokes Splint Stretcher," in which patients may be hoisted on board without discomfort or danger. The bubbling drinking fountain, an invention

of Medical Inspector Manley F. Gates, officer commanding the "Solace," was another point of interest. In accordance with terms of The Hague Convention of 1907, the "Solace" flies at all times from the main-mast the Red Cross flag.

After completing a tour of the hospital ship, which was no small undertaking, tea was served in the quarters of the officer commanding.

#### THE RED CROSS CAR

THE Red Cross Car has completed its trip through New York State, having just arrived at the Grand Central Station, New York City. Many nurses in the state have availed themselves of the opportunity to visit the car, and Dr. Shields, the surgeon in charge, has addressed groups of nurses in various cities. Miss Hearle, chairman of the Albany Local Committee on Red Cross Nursing Service, has sent an interesting account of the Albany nurses' visit to the car. A large meeting is being arranged by the committees of Manhattan and Brooklyn, to be held at the Academy of Medicine, Tuesday evening, January 16, when Dr. Shields will deliver an address on the Red Cross first-aid work. The chairman of the National Committee hopes to be present.

#### MARYLAND STATE COMMITTEE TEA

THE members of the Maryland State Committee on Red Cross Nursing Service gave a tea at the Medico-Chirurgical Library, Baltimore, on January 11, at three o'clock. The chairman of the National Committee was present. There was an informal discussion of Red Cross work, followed by a delightful social hour.

#### CHRISTMAS SEALS

THE reports from the sale of Christmas seals have not yet been received, but we are assured that nurses have as usual given valuable assistance. Miss C. M. Perry, superintendent of the Malden Hospital Training School, reports that her pupil nurses have manifested their interest by selling twenty-five dollars' worth of Red Cross seals. The request sent out last month concerning the use of the uniform in public places seems to have met with the approval of nurses generally. Many letters have been received pledging us the co-operation of Red Cross committees and nurses in the prevention of the improper use of the uniform. We were much gratified to receive a letter early in December from Mr. F. H. Mann, secretary of the committee for the Prevention of Tuberculosis, New York City, stating that in response to the protests received their committee had given up the plan of having nurses in uniform to sell Christmas seals. He also gave assurance of their desire to follow out in this regard the wishes of the nursing profession.

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## FOREIGN DEPARTMENT



IN CHARGE OF

LAVINIA L. DOCK, R.N.

### THE EIGHT-HOUR SYSTEM IN NEW ZEALAND

It seems a little disappointing that in New Zealand, where the eight-hour day is fixed by legislation, hospitals, physicians, and nurses feel by no means satisfied with it. At a recent conference of hospital boards the whole question was taken up for consideration, and a resolution was passed recommending that a circular of inquiry be sent to all the hospitals of the Dominion to learn the general attitude toward the eight-hour day and whether it was considered satisfactory or not. Some of the arguments went to maintain the necessity of a four-years training under an eight-hour system; others deprecated the "speeding-up" that resulted from eight-hour changes. As to this latter, we are convinced that no system of hours is ever responsible for a rushing, speeded way of doing ward work. Only understaffing is to blame for this. Observation of the Paris hospitals and some of the German hospitals, where no such thing as an eight-hour system was ever heard of, but where on the contrary twelve hours are the rule, shows that an iron necessity for nurses to rush and speed exists continually, because every nurse has far too many patients to care for. If there are enough nurses to a ward there will not be high pressure to the point of unfinished care of patients. New Zealand, however, seems to have an ample supply of nurses in most of her hospitals. It seems, from the New Zealand discussion, that the eight hours in hospital are arranged in three distinct shifts, and this must of course make it much more rigid and difficult to manage. In the few American hospitals where the eight hours are in force, as at Detroit in the Harper Hospital, where it was first installed, the nurses do not have a straight sixteen hours off duty. Part of their working time is given to the wards in the morning and part in the afternoon, and the day is therefore broken up into shorter periods of work and longer periods off duty, while a dovetailing is practised which brings more of the staff on at times when there is most work to be done, and leaves fewest in the wards at leisure times. The arguments brought forward in the New Zealand discussion showed both sides very fairly, and it seems to be true that many nurses do not like the eight-hour day and would prefer

spending more time in the wards while training, and having a comparatively longer time for recreation, as for instance, a whole day off once in two weeks. Then when one sees the German nurses dying of overwork and straining every resource to gain what the New Zealand law has given New Zealand nurses, one wonders whether we are all just contrary beings, or whether we ever will really be satisfied with anything. At the recent meeting of German nurses at Dresden, they formulated the following demands among others: (1) Ten hours of duty; (2) Separate nurses for day and night duty; (3) Three years of education; (4) Post-graduate courses for matrons and teachers; (5) The employment of graduate nurses only in positions of responsibility in public hospitals; (6) Admittance to the Accident Assurance Bill; (7) Admittance to the Assurance Bill for civil servants; (8) Official inquiry concerning the social position of nurses.

#### NURSES' CAMPAIGN AGAINST THE SOCIAL EVIL

THE report of a recent meeting of nurses and others in England, in discussion of the social evil, is so suggestive that we quote freely from it as follows:

"A meeting for nurses and schoolmistresses was held, in connection with the Nurses' Social Union, in the Albemarle Street Chapel School-room, at Taunton, on Saturday, November 11, the organizers being Mrs. Stanley, Miss N. Fry, and Miss Eden. There was a large attendance.

"The purpose of the meeting was to discuss what possible steps could be taken, especially by district nurses and school teachers, to improve the hygiene and moral training of the children of all classes, particularly of those children whose surroundings may be defective or who are compelled to leave home at a tender age, either to enter a boarding school or to earn a livelihood.

"The meeting was addressed by Dr. Marion Linton, of Bristol, the chair being taken by Miss Pye (late of the Superintendent Staff of Ran-yard Nurses), who, in her introductory remarks, explained the purpose of the gathering, referred to the evolution of public opinion, which had rendered such a discussion possible, and expressed her conviction that not only hygienic instruction, but careful moral teaching regarding the passing of the torch of life from one generation to another was a duty owing to our children, to whom ignorance and deception might cause irreparable injury.

"Very beautifully Miss Pye expressed the thought that the child should understand that these great functions of life were 'secret be-

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cause they were sacred, not because they were shameful; ' while the trainer must remember that he only was safe who possessed ' self-reverence, self-knowledge, self-control.' "

Dr. Marion Linton's earnest address was of great practical utility, explaining how mothers of her acquaintance had dealt with the question of imparting knowledge to their children gradually from a very tender age, and had taught them, through the care of domestic animals, some of the vital truths of life, the sacredness of motherhood and the cherishing thereof.

After dealing with the dangers of ignorance and of improperly acquired knowledge, Dr. Marion Linton suggested the possible value of scientific teaching, particularly of botany, in schools as a foundation upon which, by deduction, the child might later build up a correct view of the mystery of the propagation of life.

Finally, the lecturer noticed the work possible to district nurses in the suitable instruction of mothers, and inquired as to what information might and might not be imparted by teachers in class or in dealing with the individual child.

Nurse Symonds (Health Lecturer to the Nurses' Social Union) opened the discussion, and instanced lectures which she had delivered to the members of a Mother's Union in connection with the subject of the proper instruction of girls in moral and hygienic truths and in the risks which life held for them. This discussion was joined in by several, and although the time at disposal was limited, much valuable knowledge was gained and the following decisions were arrived at:

1. That suitable instruction regarding the most important facts of life should be given to children as early as they can appreciate such instruction, while no deceptive or untrue answers must be given to questions they may ask.

2. That the instruction can be best imparted by parents, but where this is impossible the aid of nurse or teacher should be invoked.

3. That such instruction should be given individually and, unless possibly in the case of lads and girls of 16 or 18 years of age, already possessing elementary knowledge, would not be at all suitable as class instruction.

4. That a wide field for work lies open to district nurses in the instruction of mothers.

5. That a real desire for further helpful meetings of this kind was felt by nurses and schoolmistresses.

Among the resolutions proposed were these:

4. Legislation is necessary for the proper control of all epileptics and

others physically or mentally unfit to propagate the race, that these may be segregated or in other ways prevented from race production and from endangering the morality of other persons.

5. The continuance and increase of vigorous efforts to stamp out the drink curse—the cause of much incest and other moral ill.

6. The encouragement of public opinion to affix an equal stigma to men and women in the case of a lapse from morality.

7. More adequate legislation for the protection of children, and of girls up to the age of 21. [B. J. N., Nov. 25, 1911.]

#### ITEMS.

THE *British Journal of Nursing* records and commends the action of Professor Mills, of Poughkeepsie, in resigning from the school board rather than countenance the appointment of an incompletely trained school nurse, and says: "All who realize the importance of contending for adequate standards will appreciate the action of Professor Herbert E. Mills, of the Board of Education, Poughkeepsie, U. S. A., of which he was a much valued member, in resigning his position rather than countenance the action of the Board in appointing a nurse who is not a graduate to the position of school nurse. . . ."

"Professor Mills contends that not motherly qualities only, but recent scientific training and experience with executive capacity, are the essential qualifications for a school nurse, and in his determined fight for standards he should have the gratitude of all nurses."

MISS MAUD BANFIELD, late superintendent of the Polyclinic in Philadelphia, has retired to a most bewitching little English cottage at Castle Morton, Malvern, England.

MISS HSUILAN, a young Chinese lady who was brought to the United States by Dr. Yamei Kin, spent her Christmas holidays at the Nurses' Settlement in New York. Miss Hsuilan is now at college, and when she has finished her college course she intends taking the nurses' training in some American hospital in order to return to China equipped as a nurse, there to take charge of hospital training in some place under Chinese management.

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## DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE\*



IN CHARGE OF

EDNA L. FOLEY, R.N.

### TRAINING SCHOOL FOR MIDWIVES AT BELLEVUE AND ALLIED HOSPITALS

By CLARA D. NOYES

A SCHOOL has been organized at Bellevue Hospital for the training of midwives. This is entirely separate and distinct from the training school for nurses, although it is under the auspices of the hospital management and the general superintendent of training schools supervises the work. A small hospital, with a house in the rear in which the pupil midwives live, at 223 East 26th Street, has been carefully fitted up and arranged as a teaching centre. There are accommodations for twelve patients in a delightfully bright and airy ward on the second floor, as well as nursery, delivery room, lavatories and linen room. The first floor is reserved for office, examining and class room and a large kitchen and dining-room. The building was opened for the reception of patients August 1, 1911. The first midwife entered July 27. There are now ten pupil midwives in training, and in addition to the work in the school, an outpatient service is being developed, the pupils attending cases accompanied by a doctor and a nurse. The course is six months in length, and is organized on the same general principle as a Nurses' school. The nursing and the housekeeping instruction are under the direction of a graduate nurse. The medical instruction and medical care of patients is under the direction of a resident physician. Agnes E. Aikman, formerly of the Lying-in Hospital, Boston, is the supervising nurse, with two graduate day and night assistants.

Great attention is paid to teaching the pupil midwives practical housekeeping, simple cooking, cleaning, laundry work, sanitation and hygiene, in addition to the care of mother and babe, preparation for confinement, making dressings, sterilizing, etc. The equipment approxi-

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\* Contributions for this department may be sent to 105 West Munroe Street, Chicago.

mates as nearly as possible the simple things to be found in the homes of the poor. The senior midwife has attended about sixty cases in the ward, delivered seven, and attended four in the district.

Seven nationalities are represented in these ten pupils, but the question of languages, which seemed as if it might present practical difficulties, has not proven a serious drawback, as the pupils all speak a little English, and are most anxious to learn everything in English. The pupils are required to provide and wear uniforms of gray gingham, with elbow sleeves and a round collar; white aprons without bibs. No allowance is given, the pupils also providing for their own laundry work.

Although this is the first School of Midwifery in America, and is in the embryonic stage, and it is, perhaps, too early to prophesy the ultimate results, yet there seems to be no practical reason why it should not succeed. Surely the need for such schools is plainly evident when we remember that one-half the births occurring in New York City are attended by midwives, and until now, no opportunity has been given them whereby they might prepare themselves for this important branch of work.

#### ITEMS

CONNECTICUT, DERBY.—The semi-annual meeting of the Connecticut State Association of Visiting Nurses was held at Library Hall, Derby, November 21. Nurses were present from Middletown, Hartford, New Haven, Enfield, Waterbury, Bridgeport, Branford, New Britain and Lakeville. After the business meeting, at which it was voted to hold only annual meetings hereafter, the Derby Association entertained the nurses to an automobile trip to the State Sanatorium for Tuberculosis at Shelton. Returning to Library Hall, Derby, a social hour and refreshments followed.

NEW BRITAIN.—At the sixth annual meeting of the New Britain Visiting Nurse Association, the report of Jennie P. Hill, head nurse, contained the statement that every physician in the city had called the nurses during the year. Such splendid team work as this deserves special commendation and may well be sought by other visiting nurse associations. In New Britain, co-operation with other workers for civic betterment has lightened the work of the nurses and they are seeing in the homes of their patients the results of the health talks and instruction given in the schools and public library by the Tuberculosis Association. The following paragraph from Miss Hill's report deserves to be quoted in full. After giving a detailed statistical state-

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ment for the year, during which 1200 more calls were made than in 1910, she says:

You have heard the statistical account of the year's work done by your two nurses. It may not seem a large amount in numbers to you, but there is another side of the question to consider. There is a limit to every person's ability and endurance, and from several years' personal experience in work of this sort I have come to know that quantity does not always mean quality. The nature of the work needed decides the amount of time spent and some calls do not take over fifteen minutes to render all needed service, while others take from two to three hours of the most arduous labor, and the nurse leaves that patient, exhausted nervously and physically. So mere figures do not, and never can, tell the story of such service as this, as all who have ever been ill will know. I sometimes wish it were not customary to report the number of calls made. It establishes false standards and creates a tendency to try for a big showing in numbers, rather than doing our very best work, in ministering to the home, as well as the bedside care given. It has been our experience that in our rush periods, when the largest number of calls are made, we are unable to do full justice to the patients, for lack of time.

Many emergencies meet the nurse in the homes, besides the mere care of the patient, and she should have time enough to acquaint herself with the family status, and see where she can help smooth out the trouble.

Numbers are beginning to mean very little to nurses, for the results of good work are bound to disclose themselves, while numbers may awe but no longer entirely convince friends or contributors.

MARYLAND, BALTIMORE.—It is to be hoped that a large edition of the 1910 report of the Tuberculosis Nurses' Division of the Baltimore (Md.) Health Department, Ellen N. LaMotte, nurse in chief, has been printed, for nurses all over the country will appreciate its helpfulness if they are fortunate enough to obtain a copy. It is profusely illustrated with excellent photographs and contains many interesting tables and diagrams, but the logical arrangement of the sub-divisions and paragraph headings, as well as the clear, forceful style in which it is presented, make it a compendium of scientific data as well as a unique report of this special branch of nursing. Opening with a brief history of tuberculosis nursing in Baltimore, which owed its inception to the Visiting Nurse Association, Miss LaMotte reviews the work of their first year as municipal employees. Such subjects as: object and plan of work, selection, salary, hours and uniforms of nurses, patients, dispensaries, physicians, institutional care, charitable and special relief, fumigation results, and death rate, are treated briefly, but fully, and are accompanied by convincing diagrams that show how carefully the

work has been planned and systematized. In conclusion, the need of registration and better hospital facilities are emphasized, and special mention of the need for the education of the public by the nurses, until they shall have gradually worked themselves out of employment, is made. The latter will not come for many years, Miss LaMotte thinks, as it will require a long period to educate the community to the advisability of voluntary segregation of all tuberculosis patients. Miss LaMotte is to be congratulated on an excellent report of a splendid year's work.

PENNSYLVANIA, PITTSBURGH.—Tuberculosis nurses will be glad to hear that Pittsburgh (Pa.) is to have a municipal tuberculosis sanatorium, provided for by a bond issue of \$250,000. In connection with this, it is proposed to establish a municipal dispensary, which will be a receiving station for the sanatorium and a clinic for the treatment and observation of home cases. The survey, made in 1909 by the six tuberculosis nurses of the Board of Health, helped to bring about this much-needed institution, for by a house-to-house canvass in the thickly populated districts they brought to light many unregistered cases and much valuable information concerning the tuberculosis patients and their families. Perhaps the most striking result of this survey is shown by the more than 50 per cent. increase in the number of tuberculosis cases reported to the Department of Health over those reported during 1908, the preceding year. Besides co-operating with the State Tuberculosis Dispensary, the nurses visit and instruct all patients reported to the Board of Health.

KENTUCKY, LEXINGTON.—Chloe Jackson (Mercy Hospital, Chicago), Superintendent of Tuberculosis Nurses for the Fayette County Anti-Tuberculosis League, has recently been made Executive Secretary for the League, while retaining her position as Superintendent of Nurses. Miss Jackson organized the nursing service in Lexington in August, 1910.

MICHIGAN, BATTLE CREEK.—Mrs. S. M. Baker (Battle Creek Hospital), visiting nurse of Battle Creek, Michigan, has been asked by the Board of Education to undertake the school nursing as well, and several of the leading physicians and surgeons of Battle Creek have volunteered to examine and treat all children whom she may refer to them. Mrs. Baker has recently been inspecting the work of the school and visiting nurses in Chicago and Evanston.

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**ALABAMA, BIRMINGHAM.**—The 1911 report of the Medical Inspector of Public Schools of Birmingham, Ala., speaks highly of the work of the two school nurses, whose co-operation and tact in the homes of defective children it especially commends. To encourage poor parents of such children to take them to the dispensary, one of the school nurses was always present during the clinics attended by the school children. Her knowledge of the home conditions of each child helped the physicians, and her presence naturally made each little patient feel that he had a "friend at court" and made her own subsequent home work in his case easier. Too often busy out-patient department nurses do not appreciate how much the presence of "my nurse" helps the patient to bear the ordeal of history-taking and physical examination bravely, and this innovation on the part of the Birmingham school nurses is one well worth imitating in other cities. At least 20 per cent. of the school children found in need of treatment applied to the dispensary. Linna H. Denny (Illinois Training School) was the first school nurse in Birmingham.

**ILLINOIS, CHICAGO.**—The nursing staff of the Municipal Tuberculosis Sanitarium has been increased to thirty nurses. Their Christmas season was a particularly busy one, as six children's parties were given by the different dispensaries, and innumerable dinner and good-fellow surprises were arranged for the patients too old to be invited to the Christmas trees (lack of space in each instance made all patients over sixteen "too old" for the party, which perhaps is the only reason why one is ever too grown-up to appreciate Santa Claus and his perennial mysteries). The nurses of the Jewish Aid and Rush clinics (May Middleton and Elsa Lund, head nurses), gave their annual party in Hull House to 300 little boys and girls, and Russian and Irish, Italian and Pole forgot that they lived on different sides of the street and welcomed St. Nicholas with true American enthusiasm. Miss Jane Addams and Mrs. Joseph T. Bowen, through whose kindness the use of Bowen Hall was secured, were present. A truly gorgeous evening party for 300 little Bohemians was arranged by Harriette Leland Mullany, head nurse of the Gads Hill clinic, and if the awed and respectful silence with which these stolid little citizens-in-the-making greeted Santa Claus and his helpers was an accurate index of their inward emotions, the nurses and friends who had worked hard for their pleasure needed no other reward. Through the kindness of the Hyde Park Baptist Church Sunday School, which gave its tree and a present from each child to the Stock Yards Dispensary (Rosalind Mackay, head nurse) the tuberculous



children from "behind the Yards" spent a joyous three hours in the clinic rooms, that lent themselves well to all sorts of Christmas decorations.

Hahnemann Clinic (Olive Tucker, head nurse) and Post Graduate Clinic (Annie Morrison, head nurse) each surprised their children with a tree and presents, made possible through the kindness of the many friends of the nurses and the work. The children of St. Elizabeth's Dispensary (May McConachie, head nurse) attended the party at the Northwestern University Settlement given the children by all the nurses in the district through the courtesy of Miss Harriet Vittum, head resident. Lives of tuberculous children are so unhappy frequently and the results of their treatment so questioned by skeptical parents (who may or may not accept the physician's diagnosis) that these Christmas parties serve two ends—they give the little ones pleasure and increase the influence of the nurses in their homes, for it is the advice of the nurse who is also the "family friend" that is carried out more spontaneously than is that of the nurse who comes simply as the nurse from the clinic. Chicago is fortunate in having a daily paper that believes in the blessedness of giving, and through its columns, every December, it gives opportunities for the more fortunate to share their happiness at this season. Families referred by name, address, and ages of members, to the *Chicago Tribune* are given by its special editor to all who desire to act the part of Good Fellow at Christmas time, and the families of several hundreds of tuberculosis patients had reason to indorse the Good Fellow movement this year, for the nurses sent in a great many names and none were overlooked. In addition, one of the stars of the Chicago Grand Opera Company accompanied Edna Beyrer, nurse of the Elizabeth McCormick Out-Door School, on her rounds and played Santa Claus to three of her families.

OHIO, CINCINNATI.—Mary Wilson, graduate of the Cincinnati Jewish Hospital, who has recently taken the Social Service Training at Bellevue Hospital, has been appointed Social Service Worker of the Cincinnati General Hospital.

The Cincinnati Board of Health added, on January 1, two nurses to the staff of school nurses, Lucy Hatfield and Alice N. Thayer, both graduates of the Cincinnati Hospital and Training School.

Lucy Vane, graduate of the Cincinnati Hospital and Training School, has been added to the nursing staff of the Anti-Tuberculosis League of Cincinnati to care for its bed-ridden tuberculosis cases. Her duties began January 1.

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## NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

CONTAGION IN INFECTIOUS DISEASES.—In a report of an epidemic of measles in the barracks, Columbus, Ohio, Captain Christie of the Medical Corps, U. S. A., says he believes measles to be a more serious disease than it is usually considered. As regards its transmission, he thinks it must be contracted by direct contact with persons in the early stages, when catarrhal symptoms alone are present and the malady has not been diagnosed. He agrees in the more recent view that the organisms of disease die quickly after leaving the body of the patient, after either recovery or death. He says when the difficulty of keeping alive and cultivating the known organisms of disease is considered, and when it is known that most of them require the most favorable conditions of culture media, temperature and moisture in order to remain living and virulent, it does not seem reasonable to believe that the causative organisms of measles, scarlet fever, etc., could remain alive and retain their virulence on dry clothing, a bare wall, or other such locality so unfavorable to their growth. He advises early diagnosis and prompt isolation as a means of stamping out the disease.

PRESERVATION OF HEALTH IN SCHOOL CHILDREN.—In a very excellent article in the *Medical Record* Dr. Rowland Godfrey Freeman writes of this important subject, which is of interest to all nurses, not only to those engaged in school work. He thinks a child of five should not have more than one hour a day in school, and this hour should be divided by periods of rest and exercise every ten minutes. When ten years old the child should not spend more than four hours a day in school and should have no home work. The schools, he believes to be the chief means of communicating contagious diseases to children. This should be obviated by proper inspection and isolation and well-ventilated, or open-air, school-rooms. Every child with a cold should be excluded from school. Children who have not proper food at home should be fed at the public expense. Those specially interested in young children should read the article in the January *McClure's* on the system of education devised by Maria Montessori and just being introduced into this country from Italy.

**RECOVERY IN SEVEN CASES OF TETANUS.**—The death rate in tetanus being so high, and the prognosis in severe cases so unfavorable, renders any experiment with a successful termination intensely interesting. Dr. Pearce Kintzing reports in the *New York Medical Journal* a line of treatment which resulted in recovery in five consecutive cases under his own care and in two under the care of a colleague. Four of the seven patients were adults, three children.

The remedy employed was a solution of pure phenol, or carbolic acid of 10 per cent. strength, made by dissolving the deliquesced crystals in sterile water. The solution was then diluted according to the case, generally to thirty or forty minims, and administered by hypodermic injections deep into the muscles, the dose being repeated at intervals of three hours at first, increasing the interval as improvement manifested itself. The full adult dose used was ten drops of this ten per cent. solution, equalling practically one grain of pure crystalline phenol. The urine is carefully watched and if the characteristic smoky color develops strongly it should be considered a signal for temporary cessation of the injections. Dr. Kintzing says that during the time covered by the four hospital cases two patients were treated with antitoxin on the surgical side of the house and both died. He believes the remedy will be found useful in conditions other than tetanus, as meningitis and acute rheumatic fever.

**THE TREATMENT OF DIPHTHERIA CARRIERS.**—As is well known the germs of diphtheria and typhoid fever may be actively present in persons who are not suffering from the disease in its acute stage and may be by them transmitted to others, producing a fresh case of the disease. Dr. Henry Page, of Manila, relates in the *New York Medical Journal* his experience in combating this condition. He used a culture of *Staphylococcus pyogenes aureus*, which in one case was originally isolated from a boil. This culture was painted on the throat of a person who had been a carrier of the Klebs-Löffler bacilli, the organism causing diphtheria, for 100 days. Within forty-eight hours after treatment every germ had disappeared. He later applied the same treatment to his son who was first treated with antitoxin. More than three weeks after the seizure the child, although apparently well, when cultures were made from the throat showed abundant diphtheria bacilli. After thorough treatment by painting with the staphylococcus culture the throat became normal. The procedure is harmless and partial failure may be expected if the staphylococcus culture is used with too much timidity.

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ARTIFICIAL FEEDING OF ONE HUNDRED INFANTS.—Those who are responsible for the food of bottle-fed babies should study carefully the paper by Dr. Frank C. Neff on this subject in the *Journal of the American Medical Association*.

He found that milk sugar is not as well absorbed as maltose, frequently caused a rise in temperature, and had the smallest influence on the body growth. Many patients showed a gain in growth which could not be ascribed to any cause than the change from milk-sugar to malt-sugar.

He found that the average length of time before a new-born infant regains his initial weight is eleven days. The rectal temperature of infants under six months of age is 98.6° F. Peptonization of milk showed no advantages in the new-born, but is occasionally beneficial in older children.

Buttermilk is a useful food in some cases even in the first weeks of life, and when breast milk is not available should be tried in cases of fat intolerance and of enterocolitis. Some infants showed increased weight when fed on skimmed milk, which when suitably diluted can be made the basis for fat and sugar additions. Malt soup was, in his experience, the food that proved the best milk preparation. This is made by boiling malt soup extract with flour and when cool diluting the mixture with milk. Four formulæ are given.

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THE National Association for the Study and Prevention of Tuberculosis states that during the year 1911 the greatest percentage of increase among the different forms of tuberculosis work was among the open air schools for anaemic and tuberculous children. On January 1, 1911, there were only 29 open air schools in operation or provided for in the entire country. On January 1, 1912, there were 91, an increase of 214 per cent. Sixty-two new schools have been established or provided for this past year. This entire number of open air schools have been established since January 1, 1907.

## LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

### MISUSE OF THE UNIFORM

DEAR EDITOR: Am glad to see the wearing of uniforms in the street condemned again. In the town where I live, in Montana, I am the only nurse who does not wear her uniform in public. Most of the nurses here come from the Middle West or west of the Rockies, and all wear uniforms in going to and from cases and sometimes when shopping.

MONTANA.

### SEVERAL SUGGESTIONS

DEAR EDITOR: I wish to thank L. M. for her letter in the January JOURNAL. The article in the department of Visiting Nursing and Social Service concerning the employment of practical nurses by visiting nurse associations expresses my opinion on the use of practical nurses for Metropolitan Life Insurance visiting nursing. It is a good, clear, fair article. In the pain and peril of child-birth, I think the best skill and care obtainable should be employed.

I have lately seen some very dirty drinking tubes, and think perhaps some of the nurses may not know how easy it is to clean them and keep them clean. Take a piece of string about twice the length of the tube, in the middle of the string tie a piece of absorbent cotton as large as will pull through the tube. Hold the string in the end of the tube under running water, which will carry it through the tube, then draw it back and forth until the tube is clean. To keep it clean, rinse well after each using under running water.

F. H., R.N.

### CARE OF CONVALESCENTS

DEAR EDITOR: I have been reading the admirable article in the January JOURNAL on Convalescence. I admit at once this importance of convalescence and the dignity of fitting care in that period—yet there is, I think, very good reason why a nurse should dislike it. The people who keep a nurse during convalescence are wealthy people. The majority of wealthy women have lost what our fore-mothers considered self-respecting American habits. They usually have a lady's maid to wait upon them. They leave their night clothes on the floor when they step out of them, the hair in their brush, and their sponge in the basin. When they come in from outside, they throw their wraps on a chair. Their maid goes round and tidies up after them. When a woman is going to keep a nurse through a long convalescence, she dispenses with her maid, as she does not need two people to wait upon her, and the nurse can do all that is necessary. Now any nurse worthy of the name, when her patient is sick, and in need, does not mind doing anything for her comfort, however disagreeable it may be. In fact, it never occurs to her to think any-

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thing disagreeable that will minister to the patient's welfare. But the performance of the personal service to which I have referred is not professional work and it meets no real need, for, nine times out of ten, the woman would be better off both physically and morally if she waited upon herself. With a child, the case is quite different. As his strength returns the nurse teaches him each day to do a little more for himself, and he takes pride in regaining his independence. But the woman who is used to being waited upon feels neglected and aggrieved if she does not receive the attention to which she has become accustomed, and the nurse finds that if she wishes to be acceptable she must fill the place of a lady's maid. This being the case, is it to be wondered at that she should dislike remaining during the period of convalescence?

Massachusetts.

S. B. JOHNSON.

#### CARE OF THE DEAD

DEAR EDITOR: Through conversation recently with an experienced undertaker and several nurses, I learned that many nurses are not taught, while in their training schools, how to properly care for a body after death.

In the first place, the nurse will aid very materially the peace and comfort of the very sick patient by keeping the room quiet and cool, with plenty of fresh air. When it is known positively that the end is a matter of hours or less time, if she can induce the attending physician and family to consent to discontinue all nourishment and medication, except what may be indicated to relieve pain and discomfort, the possible vomiting or choking during the last moments may be avoided.

After the patient has passed away, and as soon as the nurse can get the attention of the calm member of the family—there usually is one—she should suggest that an undertaker be selected and sent for, if it has not already been done. While waiting for him, she should bathe and dress the patient in the underwear, nightdress, and stockings which have been selected and brought to her for that purpose. Nails, nose, and ears should be cared for, hair combed and dressed nicely. The patient should be placed in a reclining position by putting two or more pillows under head and shoulders. The hands should be placed lightly on the chest with the tips of the fingers toward the chin. The reclining posture causes the blood from the head and upper part of the body to pass to the abdomen, thus materially assisting the undertaker in his care of the body and his efforts to bring an appearance of naturalness and repose to one who has possibly suffered long and sorely and prevents possible purging or other unpleasant or distressing conditions.

While the body is being embalmed the nurse can remove and dispose of all medicines and all evidences of illness.

A nurse who can do these things is truly a comfort and help in time of trouble.

New York.

A. M. S.

#### PERPLEXITIES

DEAR EDITOR: Things constantly arise in private nursing which I don't think any human being has foreseen nor our training prepared us for. Is \$25 per week too much money for a nurse who works twelve hours in the sick room, over a low bed with a straw tick and feather bed, with coil springs, in divisions?

I could think of no way to raise the bed. No sheets were available, nothing but dark rags for the patient to use as handkerchiefs,—a soft coal stove to heat, and the dish washing a disgrace to humanity.

You will say: Where were these people when the lectures on hygiene and sanitation were being given? They have forgotten the lectures, that is all. They are in their own home.

My last three cases were in homes where the people are worth thousands of dollars; money and dirt were rivals.

There has been so much done for every other field of nursing. This one field is in the greatest need of improvement.

Iowa.

J. K.

#### A CHRISTIAN SCIENCE PATIENT

DEAR EDITOR: Some time ago I had a confinement case for which I had been engaged for several months, but had been unable to visit my patient before labor, when I was called. My patient was having pains, but she laughed and talked even during pains, so I very leisurely made my preparations. While doing this I noticed that she read a paper all the time she possibly could. I thought she was trying to keep her mind occupied so as not to worry. After I had put her to bed, I happened to pick up the paper she had been reading. It would be hard to describe my feeling when I read the name *Christian Science Herald*. It was the first I had known of her religion.

She did not object to anything that was done during labor, which was easy, "thanks to Christian Science," as she said. Afterwards she did not want medicine, or anything connected with it, mentioned. During the first week a crack came in one nipple. I applied hot boric compresses and it soon seemed entirely healed. A few days later the breast showed marked signs of infection. She would not hear of my calling the doctor who had visited us only a few times. However, I 'phoned to him and he ordered hot fomentations, which she seemed only half willing that I should apply. By evening all of the symptoms were exaggerated.

Still she clung to Christian Science. She said if I thought there was anything seriously wrong she would 'phone to her Christian Science practitioner, who would give her an absent treatment.

I have not been in the habit of telling my patients their condition, so I called up the doctor and asked him to come out. She was very angry when he came and threatened to discharge me. I said she could, but I had done only what I had considered my duty. She soon calmed down and said she was only joking and after this she was very tractable. She said it was no use trying to do anything in Christian Science with a trained nurse in the house and a doctor at the end of a 'phone, but next time she would have a Christian Science nurse.

I was not allowed to say that the baby had colic, but "wind on the bowels." She also told me that I caused the abscess in her breast by thinking it might happen.

This was my first experience in nursing a Christian Scientist. I made up my mind that another time I would tell my patient that if she wanted me to stay she must agree to let me carry out my orders without protest; then she could have all the Christian Science she wanted.

Kansas.

G. L.

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## AROUND-THE-WORLD LETTERS

[Extracts from letters dated November 4 and 11.]

DEAR EDITOR: All that I had heard and read, and pictures that I have seen, still did not prepare me for the beauty of this well-known panorama. We steamed slowly along the coast of France, watching the change to blue sea, blue sky and wonderful clouds. . . . Before us lay Villa France, a village built apparently on solid rock. The streets wind and turn up the steep sides, and the houses are all of stone and cement. The people have cemented flower pots into the steep walls, and everywhere huge clusters of heliotrope, roses, geraniums, trumpet vine, morning glories, jasmine, and oh, so many others, seem to tumble over the walls, out of the walls, out of the windows of the houses and from the roofs. . . . From Nice we took the train to Monte Carlo, that wonderful place. It is enchantment itself. There were only a few ladies present—but the tables with the stacks of gold and silver, the croupiers with their funny little rakes and their mask-like faces were there. There was one nice, white-haired old lady, cheeks flushed with excitement, with that dull flush that comes only to the old, scooping in the five-franc pieces by the dozen. She would put half in her bag and half for another venture. Later I saw her on the train, sitting back with hands folded, and a serene smile on her face as if she had been to church. . . .

Cairo is the most cosmopolitan city in the world, with its picturesque Bible characters, untouched by time in appearance and habits, side by side with Parisian shops, automobiles, and trolley cars. The streets swarm with Arabs, Bedouins, Algerians, and all the other dark-skinned picturesque people, every one wearing either a turban or a fez of some kind. Our first visit was to the sphinx and the pyramids by moonlight—a nine-mile drive or trolley ride. . . . At the edge of the desert there are donkeys and camels, with boys and men all clamoring to take you to the sphinx for a shilling. I tried the camel, but the next time I walked. The pyramids are larger than I thought, and the sphinx smaller, also the sphinx is not a lady. The inscrutable sphinx is a man. We saw a jackal slinking along an elevation in the sand, and it all seemed so mysterious and unreal, in spite of the squeals and exclamations of the other tourists. When we went again by day, we saw the tiller of the soil in bare legs and little tunic, with just his hands, no tools, making mounds of earth, leaving squares for the water to flow in and irrigate the crops. The soil is so fertile that they can grow anything provided they can get water. . . . As the soil requires no fertilizing, and the character of the growth provides no fuel, that which in other countries is used for fertilizer, the manure, is here used for fuel. Girls and boys collect it and dry it on boards, carrying it in baskets on their heads. This, of course, keeps the streets clean, except for the mud, as it is too precious to be wasted. The irrigating is done either by hand, by means of a pail on the end of a pole, like the old-fashioned well, and poured into a trough, or by means of a huge wheel with earthen jugs attached, like the cars of a Ferris wheel, the motor power being an ox or an ass.

After the pyramids came a tour of the mosques and the University, the latter being the most interesting sight in all Cairo. As you enter the court you are made to put huge yellow slippers over your heathen feet, so as not to defile holy ground. You see hundreds and hundreds of students, from the

age of six or seven up, sitting or rather squatting in groups, all studying the Koran. Seven years is the time allotted to master this education. The little ones write on sheets of tin with a small paint brush. All of them remove their shoes, and all of them bring their food, consisting of a round flat cake of unleavened bread and some fruit, or a section of sugar-cane, or a bowl of salad into which they dip their bread to soak up the dressing. Most of them rock to and fro, studying in a sort of chant. Others sit in wrapt silence. A few stare in curiosity, but most of them look disdainfully or resentfully at the intruders.

Our next visit was to the museum, where I learned that the phrase, "there is nothing new under the sun," is really true. The Egyptians three thousand years ago played cribbage, chess, jack-stones, and threw dice. They had colonial chairs, they wore beautiful jewelry and had rubber tires on their chariots. They did lots of other things, but I am not going to describe them, because I slipped away from the crowd, took a dragoman with a gorgeous gown and turban, and went to the Egyptian hospital. This is a government institution, taking only natives, and rated third class. There is a medical school conducted for the instruction of native physicians, or rather medical students. The matron is an Englishwoman, trained in the London Hospital. The head sisters of the wards and operating theatre are also from England. There is a training school for native nurses, who receive a three-years training and are then allowed to practise as certified midwives. There is no field for private nursing among the natives, but midwifery is very important. Sometimes they take permanent positions in the different hospitals. The pupils wear a blue uniform, white apron, and instead of a cap, the oriental veil pinned gracefully to the top of the head. It is more practical than our cap as it can be used to cover the entire head. They also wear shoes and stockings, a notable distinction from the ward maids, who go barefooted. The building is five hundred years old. Needless to say, it is a bit shabby. The only chairs to be seen are one for each English sister. Natives all squat on the floor, either on a mat in the corner of the ward or anywhere they happen to want to rest. Each bed has a low stand beside it with an ollah, or earthen water bottle, on it. They eat with their fingers. The full diets are meat once a day, rice and milk, fresh vegetables, fruits, and the same kind of cakes of unleavened bread made before Christ. The other diets are plain milk, or rice and milk. Both men and women wear white baggy trousers with loose jackets, no underwear, and no shoes and stockings. The orderlies all stood at attention when we passed, and touched their foreheads in salute. Every patient who was able sat up in bed, others who were up hurried to their places. Little birds came in at the windows and hopped on the beds. Other things get into the beds and wood-work also, so each ward is emptied and thoroughly cleaned every month.

The nurses' dormitory has absolutely nothing in it except beds draped with mosquito netting like a large croup tent. These beds were all crowded into one corner, the matron explaining that no matter how they place them in neat rows, the girls bunch them together again, so that no evil spirits can get between. As the Orientals consider it filthy to bathe or even wash your hands in standing water, there are no tubs, only a row of shower baths. There is absolutely no furniture. Each pupil has a chest, not unlike our ice chests,

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in this she keeps her clothes, and a mirror. There is no drainage, not even cesspools, as the water supply is kept in cesspools and when the Nile is high, these would run into each other. So the toilets are simply a row of seats with visible pails. These, together with other refuse, are emptied twice a day and, I believe, burned. The English sisters have a very charming house to themselves, with a garden and tennis court. The house surgeon is English, and in spite of the apparent unprogressiveness of the hospital habits, if I may call them so, the professional element is absolutely modern. The operating theatre might be in London or New York. The sterilizing is done in drums. They are getting statistics with "606," and I was shown a cured case of pellagra, which had appeared hopeless for weeks. The hospital grounds are beautifully situated on one of the back waters of the Nile. In the centre is an open mosque for worship, and for each section there is a garden.

We returned to the "Cleveland" at Suez, where we found everybody, from our captain down to the last kitchen helper, waiting to receive us in spotless white, from cap to shoes, and all brass buttons shining. We are now really in the tropics. This will be mailed at Bombay.

CHARLOTTE EHRLICHER.

#### EXCESSIVE PERSPIRATION

##### I

DEAR EDITOR: In reply to H. M. C., zinc oxide, applied to axillæ twice a week, after bathing, at night, will dissipate the odor.

MASS.

##### II

DEAR EDITOR: Take two ounces of baking soda, mix with it one-half ounce of cornstarch, and use as a dusting powder, after the parts have been thoroughly cleansed and dried. It will check the perspiration and remove every particle of odor. Try it.

Pennsylvania.

L. P. C.

#### JOURNALS NEEDED AND ON HAND

DEAR EDITOR: To complete my set of JOURNALS I need volumes I and II, and numbers 1, 2, 3, of volume III. If any of these can be supplied I would appreciate the courtesy. I have extra copies of September, 1904; January, 1905; and March, 1905. Please state the price for JOURNALS supplied.

620 Forrest Avenue, Ann Arbor, Mich.

FANTINE PEMBERTON.

# NURSING NEWS AND ANNOUNCEMENTS



## NATIONAL

### REPORT OF ISABEL HAMPTON ROBB MEMORIAL FUND, JANUARY 14, 1912

Previously acknowledged .....	\$7754.85
Received from members Johns Hopkins Nurses' Alumnae Association and their friends .....	600.00
Hartford Hospital Alumnae, Hartford, Connecticut .....	25.00
Mary L. Keith, Superintendent Rochester General Hospital, Rochester, N. Y. ....	10.00
U. B. A. Hospital Nurses' Alumnae Association, Grand Rapids, Michigan .....	10.00
<b>Total</b> .....	<b>\$8399.85</b>

All contributions should be sent to Mary M. Riddle, Treasurer, Newton Hospital, Newton Lower Falls, Massachusetts, and all drafts, money orders, etc., should be made payable to the Merchants' Loan and Trust Company, Chicago.

MARY M. RIDDLE, R.N., Treasurer.

NOTE.—The following correction should be made in last month's report: Alumnae Passavant Memorial Training School for Nurses \$26.25, and Senior Class of Passavant Memorial Hospital \$11.00, instead of *vice versa*.

### REPORT OF NURSES' RELIEF FUND, JANUARY 1, 1912

Previously acknowledged .....	\$748.90
Cincinnati Hospital Alumnae Association .....	10.00
Battle Creek Sanitarium Alumnae Association, Michigan .....	50.00
Worcester Memorial Hospital Alumnae Association .....	10.00
Bertha von Kroge .....	5.00
Germantown Hospital Alumnae Association, Pa. ....	15.00

Balance January 1, 1912..... \$838.90

All contributions should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th Street, New York City, N. Y., and all checks made payable to the Farmers Loan and Trust Company. Address all inquiries to L. A. Giberson, R.N., Chairman, S.E. Cor. 33d Street and Powelton Avenue, Philadelphia, Pa.

### REPORT OF JOURNAL PURCHASE FUND

Previously acknowledged .....	\$10.00
DISBURSEMENTS	
December 29, Mary M. Riddle, Treasurer .....	10.00

Mrs. C. V. TWISS, R.N., Treasurer,  
419 W. 144th St., New York City.

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## MAINE

**Lewiston.**—THE CENTRAL MAINE GENERAL HOSPITAL NURSES' ALUMNÆ ASSOCIATION recently organized a benefit association, and a fair in its aid was held on December 2, at which a good sum was realized. On November 4, it was the pleasure of the nurses to listen to a very interesting talk on "The Relation of the Visiting Nurse to the Tuberculosis Problem," by Annie B. Rose, R.N., of Bangor. A social hour followed the lecture.

## MASSACHUSETTS

**Boston.**—SUFFOLK COUNTY NURSES' CENTRAL DIRECTORY ANNOUNCEMENT. "Realizing the advantages of co-operation and centralization in community of interests, the nurses of the Suffolk County Branch of the Massachusetts State Nurses' Association have established a central directory for the purpose of solving the directory problem of Suffolk County in a manner proportionate to its dignity and importance. The aim is to conduct it along such lines as to give confidence in its ethical integrity and its professional ability to render the most satisfactory service to the public, the medical profession, and nurses. While the management in no way holds itself responsible for 'the personal equation' or guarantees the financial betterment of the unqualified or unsuitable, it purposes to acquaint itself by the report of the training school, state examination, certified years of experience, or other standards satisfactory to it, with the equipment, physical, intellectual, and mental, of the applicant for membership; thereby rendering itself competent to make a suitable selection or wise decision when occasion demands, and maintain a reputation for just dealing and reliability by knowledge of the facts and familiarity with the needs." M. E. P. Davis is in charge, and the directory is located at 636 Beacon Street, Suite 6.

THE MASSACHUSETTS GENERAL HOSPITAL ALUMNÆ ASSOCIATION, at its annual meeting in the fall, elected as secretary, Ethel Doherty, Massachusetts General Hospital. The *Quarterly Record* announces the following positions recently occupied by graduates: Harriet L. P. Friend, class of 1904, assistant superintendent, St. Luke's Hospital, New Bedford; Sallie M. Johnson, class of 1910, instructor at the same hospital; Elizabeth Peden, supervisor at the Massachusetts General, succeeding Miss Friend; Margaret Tymon, class of 1907, assistant superintendent, Laconia Hospital, Laconia, N. H.; Jessie E. Grant, class of 1906, assistant superintendent, Anna Jacques Hospital, Newburyport; Helen Parks, assistant superintendent, Burbank Hospital, Fitchburg; Miss Ladd, class of 1911, operating-room nurse, Homeopathic Hospital, Rochester, N. Y.; Flora Hinckley, class of 1910, operating-room nurse, Washington Hospital, St. Louis; Mabel Craig, class of 1911, head nurse Wesson Maternity Hospital, Springfield; Alice Keaney, class of 1910, Worcester Memorial Hospital; Eva MacDonald, school nurse, Winchester; Alice O. Gorman, supervisor, Male Hospital, Montana State Hospital, Warm Springs, Montana; Maud Hastings, night superintendent, Corning Hospital.

## RHODE ISLAND

**Providence.**—THE RHODE ISLAND CENTRAL DIRECTORY FOR NURSES gave an "at home" on January 2, at the directory rooms. Tea was served from 3 to 6.

A smelling contest was held, and prizes won by Sara Loudon and Kate M. Grant. The AMERICAN JOURNAL OF NURSING for one year was the first prize, Miss Maxwell's new book the second. All enjoyed the afternoon.

#### CONNECTICUT

**Hartford.**—THE HARTFORD HOSPITAL TRAINING SCHOOL ALUMNÆ ASSOCIATION held a meeting on December 14. In the absence of the president, Alice MacCormac presided. A letter was read from Miss Sutherland, superintendent of the training school, thanking the association for the prize of \$25 for the nurse in the intermediate class who stands first in both theory and practice. Janet O. Campbell gave a talk about her recent trip abroad, illustrated by picture post cards. Miss Campbell was hostess during the social hour. The January meeting was held at the Charter Oak Hospital, Miss MacCormac presiding. Mrs. House, the first graduate of the training school, read a carefully-prepared paper on Massage, which was received with enthusiasm and a rising vote of thanks. After some discussion, it was decided to celebrate the thirty-fifth anniversary of the founding of the school by a dinner to be given in April. Tea followed the meeting.

ST. FRANCIS' HOSPITAL TRAINING SCHOOL graduated a class of seventeen on January 2 at exercises held in St. Thomas' Seminary Hall. Mary C. Brennan, one of the graduates, gave an address of welcome; another, Norah J. Kingsley, spoke on the class motto, "Onward and Conquer." The principal address was made by Dr. John B. Boucher; the diplomas were presented by Bishop John J. Nilan, who also spoke to the nurses. The exercises were followed by tea served in the parlors by the St. Francis Hospital Alumnæ.

#### NEW YORK

**New York.**—THE NEW YORK COUNTY NURSES' ASSOCIATION held a stated meeting at the Academy of Medicine on the evening of January 2. Dr. Harry H. Weist read a very interesting paper dealing with the "Dietetic Treatment of Tuberculosis." After the paper and its discussion, the business pertaining to the ending of the fiscal year was thoroughly discussed, and the meeting adjourned to the evening of February 7, at the same place, when it is hoped just such a large and enthusiastic audience will be present promptly at 8 o'clock.

THE POST-GRADUATE NURSES' ALUMNÆ ASSOCIATION held its annual meeting on January 2, when the following officers were elected: president, Mrs. Perry S. Boynton; vice-presidents, Charlotte Ehrlicher, Josephine M. Swenson, Amy Armour, Florence Billington; secretary, Alice Osborne, Post-Graduate Hospital; treasurer, Hannah Lister; executive board, Beatrice I. Brazean, Josephine Hughes, new members. The graduates of the Post-Graduate Hospital Training School are to be congratulated upon the action taken by the Board of Directors of the hospital in the matter of an endowed room for their use. Toward the endowment of this room containing two beds, the alumnæ association has contributed \$4000, and will furnish the room. The remainder of the sum needed

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has been arranged for through the courtesy and liberality of the president, Dr. George P. Miller, and the directors, who reserve the right to devote the room to the use of any nurse, a graduate of that training school, when not occupied by members of the alumnae association.

THE NEW YORK POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL held formal exercises at the opening of the new buildings and laboratories at Second Avenue and 20th Street, on January 11.

THE SYDENHAM HOSPITAL TRAINING SCHOOL ALUMNAE ASSOCIATION held its annual meeting in the nurses' home on December 18, when the following officers were elected: President, Miss W. Schulte, R.N.; vice-president, C. A. Phillips, R.N.; treasurer, A. M. Taylor, R.N.; secretary, A. B. Weston, R.N.; sick committee, C. Karp.

MISS M. M. SLATOR, Class of 1906, Mt. Sinai Hospital, has become instructor of nurses at Lebanon Hospital.

THE LEAGUE FOR NURSING EDUCATION at its January meeting had as its subject "State Registration" with an address by Annie W. Goodrich, R.N., followed by a discussion of the Regents' examinations, requirements, etc. The next meeting will be held at the Manhattan Eye and Ear Infirmary, on February 14, Miss Ayres presiding.

THE ASSOCIATION OF GRADUATE NURSES OF MANHATTAN AND BRONX will hold a meeting on February 12, at 4.30 p.m. at the Central Club, 54 East 34th Street.

ST. BARNABAS' GUILD members will receive at the Central Club for Nurses on Monday afternoons during February, from 3 to 6 o'clock.

AT THE CENTRAL CLUB, on Tuesdays in February, at 3.30 p.m., Mrs. George Merrett will conduct a series of Bible talks. The excursions from the club during January included visits to the Henry Street Settlement and the medical department of the Metropolitan Life Insurance Company. During February the hospitals and penal institutions on Blackwells' Island, and the Museum of Natural History will be visited. Members may always ascertain what is on the calendar by calling up the secretary of the club, under the number of the club, not of the registry.

THE AMERICAN SOCIETY OF SANITARY AND MORAL PROPHYLAXIS, at its December meeting, discussed the subject of Eugenics. Dr. Hurty's paper, read on this occasion, will be found under the heading "Editor's Miscellany," in this issue of the JOURNAL. The next meeting of the society will be held at 8.30 p.m. in the Academy of Medicine on February 8, the subject for discussion being along the same lines as that of the last meeting.

THE ANNUAL COURSE OF LECTURES given at the Academy of Medicine under the joint auspices of the Public Health Education Committee of the New York County Medical Society and the Hygiene Committee of the New York City Federation of Women's Clubs was begun on January 10. The lectures are given weekly on alternate Wednesday evenings at 8.15, and Thursday afternoons, at 3.30, in order to benefit those who may be engaged at one or the other period. This year at two of the meetings sex hygiene will be discussed, at one of these only men will be admitted, at the other only women. For January the subjects for discussion were "The Hygiene of Food," with a paper by Harvey W. Wylie on "Common Food Adulterants and their Effect on Public Health";

"Alcohol in Relation to Efficiency," "Effects of Home Medication." The subjects for February are: February 1, "Contagions and their Prevention," Dr. William H. Park will have a paper upon "The Body's Defence against Disease," Dr. Martha Wollstein upon "The Use of Vaccine to Prevent and Cure Disease," and Dr. Simon Flexner, "The Use of Serum to Combat Disease." February 7, a meeting for men, with Dr. William H. Polk presiding. Dr. Prince A. Morrow will speak on "The Prevalence and Transmission of Venereal Disease." Other papers will be "Moral Problems of College Life," and "What a Father Should Tell His Son." February 15, Child Hygiene will be discussed in a paper by Dr. Royal S. Haines on "The Prevention of the Commoner Contagious Diseases in Early Life; and by Dr. Isabelle T. Smart on "The Duty of the Community to its Backward and Defective Children"; and by Dr. Walter Lester Carr on "Out-door Life for City Children." February 21, "The Common Cold" will be attacked by Dr. Abraham Jacobi in a paper on "Personal Hygiene in Relation to Colds." Dr. Grace N. Kimball will speak on "The Bacterial Origin of Colds" and Dr. John N. Huber on "The Neglected Cold," February 29, "The Triumphs of Modern Surgery" will be demonstrated by Dr. George E. Brewer in a paper on "The Time to Operate"; by Dr. George D. Stewart on "Asepsis and Antisepsis"; and by Dr. Mary Dunning Rose on "What Anæsthesia Has Done for Surgery."

THE HARVEY SOCIETY LECTURES to be given at the Academy of Medicine during February are: on the 3rd, "The Relations of Modern Chemistry to Medicine," by Professor Richards of Harvard; on the 17th, "Current Views Regarding the Nutrition of Man," by Professor Chittenden of Yale.

**Brooklyn.**—THE SENEY JOURNAL for December is a Red Cross number with several articles on different phases of the work.

**Flushing.**—FLUSHING HOSPITAL held graduating exercises for its second class of nurses on November 27, in the League Hall. The address was given by Rev. Mr. Egbert; the Hippocratic Oath was administered by Dr. Story; the diplomas were presented by Judge Moore. There were four graduates. A reception and dance followed the exercises.

**Utica.**—FLORENCE B. STRUTHERS, R.N., has been obliged, on account of ill health, to resign her position as superintendent of Faxon Hospital, and on the first of January went to Canada for a long rest, where her address will be 133 Dublin Street, Guelph, Ontario. Miss F. C. Johnson, R.N., who has been assistant superintendent of the hospital, and who is a graduate from it, succeeds Miss Struthers.

**Rochester.**—THE MONROE COUNTY REGISTERED NURSES' ASSOCIATION, at its January meeting, decided to change its by-laws and its name so as to admit nurses from surrounding towns outside of Monroe County. It was also resolved that definite steps be taken toward establishing a central directory, and a committee was appointed for that purpose. There was an interesting discussion on "Special Duty in Hospitals," Miss Jones, a superintendent, showing where outside nurses coming into an institution can be helpful, and Miss Phillips, a private nurse, pointing out some things to be avoided.

**Buffalo.**—THE HOMEOPATHIC HOSPITAL ALUMNÆ were entertained at a tea by Mrs. William Farnsworth on November 28.

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## PENNSYLVANIA

**Philadelphia.**—THE NURSES' ALUMNÆ ASSOCIATION OF THE PHILADELPHIA GENERAL HOSPITAL held its regular monthly meeting on January 1, in the nurses' home, with fifteen members present, Miss Eager acting as secretary *pro tem*. Mrs. Warmuth, as chairman of the committee for the annual euchre, reported that it will be held at Mosebach's on February 6, and urged the nurses to send articles for prizes and for the fancy table to the home, 863 North 20th Street, and to sell tickets and work earnestly to make the euchre a most successful one. Mary C. Lewis, as treasurer of the Home Fund, reported on hand, \$2042.67, a gain during the year of \$654.50, with some subscriptions still unpaid, and interest due of over \$150. A letter was read from the corresponding secretary of the Graduate Nurses' Club, thanking the members for their excellent work during the bazaar, at which over \$900 were realized. One new member was received. Members were urged to report hospital vacancies, and nurses wishing such positions were asked to report at the meetings. Miss Kilby reported several positions in hospitals and for doing tuberculosis work. Mrs. Warmuth said the anniversary report would be sent out as soon as it could be printed. It was decided to send a letter to Director Neff congratulating him on his reappointment and expressing appreciation of his work.

THE ALUMNÆ ASSOCIATION OF THE PHILADELPHIA LYING-IN CHARITY HOSPITAL held its annual meeting on January 4, Miss Wright in the chair. Fifteen were present, and four new members were admitted. A donation of \$25 was made to the hospital for the purchase of needed articles. It was decided to send \$25 to the Relief Fund of the American Nurses' Association. The following officers were elected: president, Miriam Wright, R.N.; vice presidents, Clara Steinmetz, R.N., Catherine Foley, R.N.; corresponding secretary, Lillian Ernest, R.N.; recording secretary, Adele Miconi, R.N.; treasurer, Francis Taylor, R.N. The alumnae found the hospital beautifully decorated with Christmas greens, each ward had a tree, and on Christmas morning the nurses in training, and all in the building who could, sang carols in the halls. There were twenty-five babies in the hospital, and the nurses hung up a stocking for each, not forgetting the mothers. It was the happiest Christmas that "Charity" ever had.

THE PHILADELPHIA CLUB FOR GRADUATE NURSES gave a Christmas Tea on December 28, which was well attended. Adele Neeb of the Presbyterian Hospital gave an interesting talk on her trip to Japan and work in the Red Cross Hospital there.

**Pittsburgh.**—MERCY HOSPITAL NURSES' ALUMNÆ ASSOCIATION held a quarterly meeting at the hospital on December 20. Dr. Cohoe, of the Pittsburgh University, gave a most interesting lecture on "The History of Nursing." Twenty-six members were present. Three members of the class of 1911 have accepted government positions in the Philippines, and sailed for Manila on December 6.

**Scranton.**—THE ALUMNÆ ASSOCIATION OF THE STATE HOSPITAL of the Northern Anthracite Coal Region held its annual meeting at the nurses' home on January 11 at 3 P.M. Minutes and reports were read and approved. Three applications for membership were accepted; one resignation of an officer

accepted. The following officers were elected to serve for the coming year: President, Maude Robbins; vice-president, Edna Long; secretary, Elespeth Lightbody; treasurer, Phoebe Anderson; chairman of the executive committee, Mrs. Elizabeth Coppinger. The president appointed Alice Brice as chairman of the entertainment committee and Flora Smail of the sick committee. The meetings are to be held at 8 P.M. instead of 3 P.M. on the second Thursday of each month in the nurses' home. Sixty-seven members in good standing were reported.

#### MARYLAND

**Baltimore.**—THE ANNUAL REPORT of the president, treasurer, and registrar of the Central Directory recently received, are of interest in every detail but are too long to permit publishing in full in these columns. They show that the year's work has resulted in increased public confidence and in good financial management, the year closing with a balance of \$222.

KATE DE LONG, a graduate of the Johns Hopkins School, for several years in charge of the Nurses' Home of that hospital, has left Baltimore to take the same position at the Bellevue Nurses' Home in New York. Francina Freese has resigned her charge of the Polyclinic Hospital, Philadelphia, to become superintendent of the "Caroline Rest for Mothers," New York. Nancy Ellicott, superintendent of nurses, Rockefeller Hospital, New York, has the following staff of assistants and nurses, all of the Johns Hopkins: Misses Mary B. Thompson, Harrell, Christelj, Houston, Geraghty, Helen Clark, Trotter, Kearney, Elizabeth Mitchell, Rose, and Mrs. Richards.

THE NURSES' ALUMNÆ OF THE UNIVERSITY OF MARYLAND held its annual meeting at the University Hospital on January 9, when the following officers were elected: president, Mrs. Page Edmunds, vice-presidents, Alice Bell, Mary Gavin; secretary, Gertrude Brady, 640 West North Avenue; treasurer, Mrs. Nathan Winslow; chairman nominating committee, Elizabeth Patterson. An excellent paper on "Dietetics from a Nurse's Standpoint" was read by Mrs. LeSeuer. The following appointments have been made at the hospital: assistant superintendent, Elizabeth Patterson, class of 1911; night superintendent, Nellie Curtiss, class of 1911; superintendent of maternity, Jennie Gamer, class of 1911, in charge of the private halls, Lullie B. Carter, class of 1909.

#### WEST VIRGINIA

THE WEST VIRGINIA GRADUATE NURSES' ASSOCIATION has just been admitted to the State Federation of Women's Clubs.

**Wheeling.**—THE CITY HOSPITAL is to have a new adequate modern building to replace the one now in use, as a result of the eleven days' campaign in its behalf which was participated in so enthusiastically by all classes of citizens. The aim was to raise \$250,000, but the amount was over-subscribed and ample funds will be in hand for a project which will be of benefit to the whole community.

#### KENTUCKY

**Louisville.**—THE JEFFERSON COUNTY GRADUATE NURSES' CLUB was given a charming reception on New Year's Day by Joanna O'Connor, registrar of the Central Directory. The house was beautifully decorated, and refreshments

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were served. Sixty-five members were present. At the annual meeting of the Club held on January 8, the following officers were elected: president, Elizabeth Robertson; vice-president, Grave James; recording secretary, Marjory Cameron; corresponding secretary, Matilda Steilberg, 2227 Magazine Street; treasurer, Joanna O. Conner. Chairmen of Committees: Membership, Mary Very; Sick Benefit, Julia Beard; Programme, Eliza Johnson; Entertainment, Meta Baum. Meetings are held the first Monday of every month, at 3 P.M., from September through June.

## OHIO

THE EXECUTIVE COMMITTEE OF THE STATE ASSOCIATION OF GRADUATE NURSES met in Columbus, January 4. There were present: Mary E. Gladwin, president, Mary Hamer Greenwood and Katherine Ellison, Cincinnati; Marietta Pierson, Columbus; Hanna Howard, Matilda L. Johnson, Cleveland; Merry C. Echols, Massillon.

The following committees for the year were appointed: Printing and Publication: Matilda L. Johnson, Cleveland; Marie A. Lawson, Akron.

*Programme:* Katherine Ellison, Cincinnati; Matilda L. Johnson, Cleveland; Hanna Howard, Canton.

*Legislation:* Members of the Executive Committee.

*Sanitary and Moral Prophylaxis:* Mabel Morrison, chairman, Toledo.

*Tuberculosis:* Marietta Pierson, chairman, Columbus; Charlotte Ludwig, Cleveland; Miss Emory, Cincinnati; Mrs. M. F. Moran, Cleveland.

*Institutional Work:* Mary Hamer Greenwood, chairman, superintendent Jewish Hospital, Cincinnati; M. C. Echols, superintendent City Hospital, Massillon; Mary Samuel, principal Lakeside Hospital, Cleveland; Katherine Ellison, superintendent City Hospital, Cincinnati; Miss Walker, superintendent Children's Hospital, Columbus.

*Private Duty:* Henrietta Hampton, chairman, Cincinnati.

*General Welfare.* (*Modern Movements.*) Katherine Ellison, Cincinnati; Hanna Buchanan, Cleveland. Committee to be increased.

*Health Committee—Women's Welfare Work:* Mary E. Gladwin, chairman, Cleveland.

*District Nursing:* Jennie L. Tuttle, chairman, Columbus; Abbie Roberts, Cincinnati; Matilda L. Johnson, Cleveland.

*Infant Mortality:* Abbie Roberts, chairman, Cincinnati.

*Amshouse:* Katherine Ellison, chairman, and Mary H. Greenwood, Cincinnati; Harriet L. Leet, Cleveland; Marietta H. Pierson, Columbus; Hanna Howard, Canton.

*Pensions for Sick Nurses:* Matilda L. Johnson, chairman, Cleveland; Anza Johnson, Columbus; Elsie Meade Kendig, Akron.

*Red Cross Nursing Service:* Mary E. Gladwin, chairman, Cleveland; Mary H. Greenwood, Cincinnati; Matilda L. Johnson, Cleveland; Harriet L. Leet, secretary, Cleveland; Isabel Harroun, Toledo; Katherine Mapes, Toledo; Marietta Pierson, Columbus; Katherine Ellison, Cincinnati.

The next meeting will be held in Columbus in April, at the call of the president.



**Cleveland.**—THE EXECUTIVE COMMITTEE OF THE AMERICAN ASSOCIATION FOR THE STUDY AND PREVENTION OF INFANT MORTALITY held a meeting at the Babies' Dispensary and Hospital, January 13. In the afternoon a public meeting was held, to which everyone was invited, and a great deal of interest in the National Association was aroused. The annual meeting of the American Association is to be held in Cleveland, October 2-5, and it is hoped that all nurses interested in baby work may be able to attend this annual meeting.

The Babies' Dispensary has, this last year, been working in such close cooperation with the Board of Health, that sixteen visiting nurses are supported by the municipality, and are under the supervision of the superintendent of nurses at the Babies' Dispensary and Hospital.

**Cincinnati.**—THE JEWISH HOSPITAL ALUMNÆ ASSOCIATION held its regular monthly meeting at the hospital on January 5. Miss Pierce, president, introduced Dr. Elizabeth Campbell, who gave an interesting talk on Eugenics, Marriage, and kindred subjects.

#### MICHIGAN

**Bay City.**—THE BAY COUNTY ASSOCIATION was started in 1902 by an enthusiastic worker who went from door to door to gather the nurses together to start an association. It lived, died, was buried nearly a year, started again, and grew to the present membership, 45. Miss McIsaac visited the city on January 3, and spoke to 75 nurses at the home of one of the members, Mrs. Mulholland, after which a luncheon was served, while musical selections were enjoyed. Miss McIsaac was seated at a table with several former pupils, the hospital superintendent, the doctors and their wives.

**Ann Arbor.**—A CENTRAL REGISTRY was organized in the fall of 1911 under the auspices of the Washtenau County Graduate Nurses' Association. In connection with this a rooming house for nurses has been maintained, and at the present time the visiting nurse has assumed the supervision. Tuesday evening is known to the nurses as Club Night. A number of magazines have been subscribed for, and it is hoped the coming year will fulfil the promise of the past. As with all such ventures, the financial problem was the most vital one, but the year end found a surplus in the treasury. A fee of ten dollars is charged each member; this includes dues to the Association and use of the club rooms and registry.

#### WISCONSIN

THE WISCONSIN ASSOCIATION OF GRADUATE NURSES held its regular quarterly meeting at the Kenosha Hospital, Kenosha, January 2. The regular programme hour was given to the delegate to the National Red Cross convention—Emma Katz—who gave a full report of the various meetings. After the programme, light refreshments were served by the senior class of the training school.

ISABEL McISAAC, interstate secretary, spent the week of November 13-18 in the state, speaking in Milwaukee at a special meeting of the state association called for that purpose. The pupil nurses of Milwaukee, Madison, Racine, Oshkosh, Beloit, and Kenosha had also an opportunity to meet and hear her. The numerous questions asked and answered and the interest shown at each meeting gave a very good idea of the great need of such an instructor, particularly among pupil nurses.

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**Wauwatosa.**—THE MILWAUKEE COUNTY HOSPITAL has made arrangements to give post-graduate work to nurses who wish to take the third year in order to qualify for state registration. Shorter courses are offered also.

## MINNESOTA

**Brainerd.**—THE NORTHERN PACIFIC RAILWAY COMPANY HOSPITAL held graduating exercises on December 8 in Elks' Hall for a class of eight nurses. An interesting programme of music and an address by Dr. Armstrong of Billings, Montana, were listened to by a large audience.

The Nurses' Alumnae Association of the hospital held its annual meeting on December 9 in the nurses' home. Eight new members were admitted and officers elected. A banquet and party were enjoyed by fourteen nurses at the close of the meeting.

**Minneapolis.**—The Hennepin County Registered Nurses' Association held its regular monthly meeting at the Club House on January 10. After the meeting Miss Harding gave a very interesting recital. Refreshments were served to the twenty members present.

## ILLINOIS

**Chicago.**—THE ILLINOIS TRAINING SCHOOL FOR NURSES is now in charge of its new superintendent, Mrs. Effie M. Simpson, class of 1897, Johns Hopkins Training School. Mrs. Simpson has held the following positions: Head nurse of various wards at the Johns Hopkins, night superintendent, and assistant superintendent, until 1903; superintendent of Massachusetts Homeopathic Hospital Training School, Boston, 1903 to 1906; superintendent Albany Training School for Nurses, Albany, N. Y., 1906 to 1909; private duty, 1909 to 1911; superintendent Bellevue nurses' residence, New York, 1911 to 1912. Miss Hay left the city the last of January and will be at Savanna, Ill., for a month or more. The *Alumnae Report* for December gives a fine tribute to the work done by Miss Hay during her five years of service as superintendent, and also an interesting description of the new buildings acquired by the school as an addition to the nurses' home. Marion Prentiss, class of 1897, has taken up social service work in connection with the County Hospital. Henrietta Straight, class of 1896, has been made matron of the Old Peoples Home. Lisle Freligh, class of 1905, is superintendent of nurses at Green Gables Sanitarium, Lincoln, Nebraska. Frances Caldwell, class of 1909, is night superintendent at the City and County Hospital, St. Paul. Theresa Higbee, class of 1910, is a head nurse in the same hospital. Harriet E. Sigsbee, class of 1889, has accepted a position in Shannon Hospital, Metcalf, Arizona. Mabel McNeel, recent supervisor in the Children's Department, has left the service to take post-graduate work in New York. She is succeeded by Eleanor Reed, class of 1907. Mary C. Wheeler and Charlotte Burgess were recently in Champaign giving a week of lectures and demonstrations at the University of Illinois. Catherine Thompson, class of 1904, succeeds Cora Kohlsaat in the work of social service with the Chicago Telephone Company. One hundred and fourteen of the Robb calendars have been sold by the alumnae.

The Christmas season at the nurses' home was, as usual, a happy time. The annual Christmas party held the night of the 23rd was made to take the

form of a children's party. Besides the funny costumes there was a Christmas tree, gifts, refreshments and dancing. On Christmas morning a company of nurses, as is the usual custom, sang Christmas carols in the Home. This year they included the hospital in their rounds and sang in all the hospital wards one or more beautiful Christmas hymns, a favor much appreciated by the patients as well as by the Warden and his corps of assistants.

THE ST. LUKE'S ALUMNÆ ASSOCIATION is considering the question of giving up its alumnae leaflet and publishing its news items through the AMERICAN JOURNAL OF NURSING. The matter is not yet decided. Mrs. C. R. Vandervort has accepted a position in Palo Alto. Miss Lohman has taken charge of the Crippled Children's Home at Ingleton, Harriet Fulmer has resigned her position as superintendent of the Visiting Nurse Association.

ADELE HAMILTON, graduate of Hahnemann Hospital, has returned to Los Angeles after private duty work in Detroit. Jane Hunter, class of 1903, after some months of private duty in Los Angeles has returned to her home in Superior, Wisconsin. Ada Bell, class of 1910, after a year in Omaha, is taking up private duty in Chicago. Linnie Kugel, class of 1904, has accepted the position of superintendent of a hospital in Seattle. Mrs. Florence Brown, class of 1905, after spending a year in the east, has returned to Tucson, Arizona. Ida M. Wobig is engaged in district nursing in Fond du Lac, Wisconsin. Allie F. Walden, class of 1910, has a position at the Elgin State Hospital.

Teresa Cotter, R.N., class of 1909, Mercy Hospital, Chicago, has accepted the position as superintendent of nurses, at St. Elizabeth's Hospital, Youngstown, Ohio. Blanche Seeger, class of 1911, has been appointed surgical nurse at the same institution. Bessie Kovar, R.N., class of 1911, has taken the position of surgical nurse at Mercy Hospital, Iowa City, Iowa. Mary Cleary, R.N., class of 1901, has accepted a hospital position in Goldfield, Nevada.

Rockford.—THE ROCKFORD HOSPITAL ALUMNÆ ASSOCIATION held a special meeting on January 3 at the nurses' home, Miss Shearer, president *pro tem*, presiding. The amendments to the by-laws were adopted by a majority vote. No other business was taken up. Elizabeth Wright, R.N., Royal Victoria Hospital, Montreal, has accepted the position of superintendent of Rockford Hospital, where she was formerly assistant superintendent. Kathryn Prindiville, class of 1908, has accepted the position of superintendent of Lawrence Hospital, New Haven, Conn.; Irene Wilson, class of 1908, is assistant superintendent. Margaret Curray, class of 1901, has accepted the position of superintendent of the Samaritan Hospital, Sioux City, Iowa.

#### INDIANA

LaFayette.—THE LAFAYETTE GRADUATE NURSES' ASSOCIATION met at the home of Mary Roseberry, R.N., December 21, and held its regular monthly meeting. After business of importance was attended to, the nurses repaired to the dining-room for a mid-winter picnic, which is an annual affair, and always enjoyed by all present.

#### NORTH DAKOTA

Grand Forks.—THE GRAND FORKS DISTRICT MEDICAL SOCIETY held its first open meeting in the Commercial Club Rooms on January 10. It was attended by physicians, nurses, and members of the community. Three interesting papers were read, as follows: "The Education of the Nurse," Bertha Erdmann,

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R.N., director of the course for nurses, University of North Dakota; "The Proper Food of the Convalescent," Mary Sutherland, head of the Domestic Art and Science departments of the city schools; "The School Nurse and District Nursing," Louisa Packenbusch, R.N., visiting nurse. These papers brought forth most interesting discussion, also new ideas and suggestions. The meeting proved to be so successful that another of similar nature is contemplated.

THE GRAND FORKS COUNTY GRADUATE NURSES' ASSOCIATION at its January meeting heard a report from the chairman of the State Association Committee, that the committee is now complete. The state has been divided into seven districts, of from four to ten counties, with headquarters in the most important cities. The districts, with headquarters, and chairman are as follows: First, Minot, Iva Knox, R.N.; second, Devil's Lake, Mildred Clark, R.N.; third, Grand Forks, Bertha Erdmann, R.N.; fourth, Dickinson, Eldora Poland; fifth, Bismark, Louise Hoerman; sixth, Jamestown, Maud Sides, R.N.; seventh, Fargo, Emily Scripture, R.N. The organization of district associations is the next step, and in the spring the state association will be launched. Grand Forks is also state headquarters. The nurses are working hard and are most enthusiastic and interested.

#### KANSAS

Wichita.—THE GRADUATE NURSES' ASSOCIATION OF WICHITA held no December meeting on account of the counter attraction of the evangelist, Billy Sunday. At the January meeting, held on the 10th, the evening was given over to the discussion of plans for an all-day meeting on February 8, for the purpose of organizing a state association. Miss Melsaac, interstate secretary, is expected to be present, and it is hoped nurses from all parts of the state may attend.

Miss I. N. WOODBURN, who has been superintendent of the Wichita Hospital for the past seven years, has been granted an indefinite leave of absence on account of the serious illness of her mother, who lives in Greensburg, Pa. Nellie Pyle, assistant superintendent, will fill her place, with Miss A. J. Murphy, graduate of Spears Memorial Hospital, Cincinnati, as assistant. Emma McFarland, graduate of Wichita Hospital, who has been in Boston for two years, has returned to Wichita to resume private practice.

#### MISSOURI

Hannibal.—LEVERING HOSPITAL has received from its donor, Mr. Levering, a Christmas gift of \$7500 with which to build a nurses' home.

#### OKLAHOMA

Oklahoma City.—EDNA HOLLAND, graduate of the Wichita Hospital, Wichita, Kansas, and post-graduate of the General Memorial Hospital of New York, has accepted a position as superintendent of the new General Hospital. She began her duties on January 1.

#### WASHINGTON

Tacoma.—THE PIERCE COUNTY GRADUATE NURSE ASSOCIATION held its first meeting of the New Year, on January 3 in the Nurses' Home of the F. C. Paddock Hospital, with a good attendance, which it is hoped will continue

through the year. After routine business, and a report of the sale of Red Cross stamps, which showed good work done by some of the members, the president appointed the Courtesy and Sick Committees to serve for the following year. Two resignations and one application for membership were accepted. A most instructive talk on "How to Keep Well" was then given by Dr. Matthews, president of the State Board of Health of Kentucky. The next meeting will be held on February 5.

#### BIRTHS

ON December 27, in Chicago, a son, John William, to Dr. and Mrs. Reid Owen Howser. Mrs. Howser was Jessie Ethel Johnston, class of 1906, Butterworth Hospital, Grand Rapids, Michigan.

ON December 4, a daughter, to Mr. and Mrs. W. Murphy. Mrs. Murphy was Mary Gough, class of 1906, Mercy Hospital, Chicago.

ON September 26, a daughter, Anne Katherine, to Mr. and Mrs. E. N. Lacey. Mrs. Lacey was Katherine Woods, a graduate of the Massachusetts General Hospital.

ON December 11, a daughter to Dr. and Mrs. Walter White of Baltimore. Mrs. White was Leonore Doyle, class of 1906, University of Maryland Hospital.

ON November 11, at Homer, N. Y., a daughter, Avis Mary, to Dr. and Mrs. George A. Burdick. Mrs. Burdick was Edna Hinckley, class of 1903, Faxon Hospital, Utica.

ON November 20, at Urbana, Ill., a daughter to Dr. and Mrs. H. W. Munsell. Mrs. Munsell was Emma Doolittle, graduate of Hahnemann Hospital, Chicago.

AT Chesley, Ontario, Canada, a daughter to Mr. and Mrs. Wesley Durst. Mrs. Durst was Ella May Poole, class of 1907, Illinois Training School.

#### MARRIAGES

ON December 13, in Pawnee City, Nebraska, Maud Gordon, class of 1911, Omaha General Hospital, to James C. Patterson, M.D. Dr. and Mrs. Patterson will live in West Side, Iowa.

ON December 16, at Neumans Grove, Nebraska, Laura Schavland, class of 1910, Omaha General Hospital, to Antony Parsons, M.D. After June 1, Dr. and Mrs. Parsons will live in Banza, Matika, Congo Free State, West Africa, as medical missionaries under the Baptist Board. En route to Africa they will be in London, where Dr. Parsons will study in the hospitals.

ON November 5, in Davenport, Iowa, Emma L. Kripner, class of 1910, Mercy Hospital, Chicago, to Clarus Ries. Mr. and Mrs. Ries will live in Iowa City, Iowa.

ON November 30, Sara Miller Esling, a graduate of the Presbyterian Hospital, Philadelphia, to J. Harry Hughes, Jr. Mr. and Mrs. Hughes will live in Torresdale, Philadelphia.

ON September 25, Mabel E. Dils, class of 1908, Gray Street Pres. Infirmary, Louisville, Kentucky, to Robert M. Bailey. Mr. and Mrs. Bailey will live in Martensville, Indiana.

ON November 7, Catherine M. Shertz, graduate of the Presbyterian Hospital, Philadelphia, to Elton B. Rogers, M.D. Dr. and Mrs. Rogers will live in Winchester, Idaho.

ON December 6, Hilda Stevenson, graduate of St. Luke's Hospital, New

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York, to William Steele Armour. Mr. and Mrs. Armour will live in New York.

On November 2, in Everett, Wash., Nellie C. Anderson to Roy Kirkpatrick.

MINNIE BOOTH, class of 1906, training school of the University Hospital, Philadelphia, to Mr. Fletcher. Mr. and Mrs. Fletcher will live in Bedford, Penn.

MARY E. LEWIS, class of 1909, University Hospital, Philadelphia, to John Guilliams. Mr. and Mrs. Guilliams will live in Riverton, N. Y.

On December 27, at Hartford, Conn., Myrtle A. Dickerman, class of 1909, Hartford Hospital, to Ernest G. Farren. Mr. and Mrs. Farren will live in East Granby, Conn.

On October 19, Martha Edmunds, class of 1910, University of Maryland Hospital, Baltimore, to Dwight Rivers, M.D., of Florida.

In November, Emelia Strohm, class of 1910, University of Maryland Hospital, Baltimore, to W. H. Spalding, of Brooklyn, N. Y.

On December 27, Marvel Scarff, class of 1911, University of Maryland Hospital, Baltimore, to John H. Von Dreele, M.D., of Baltimore.

In January, Louise Craig, class of 1903, University of Maryland Hospital, Baltimore, to James U. Dennis.

ANNA FISHER, graduate of Hahnemann Hospital, Chicago, to J. N. Ewbank, M.D. Dr. and Mrs. Ewbank will live in Rhame, North Dakota.

On December 16, at Elkhart, Ind., Maude May Fulmer, class of 1908, Hahnemann Hospital, Chicago, to William Ferbida. Mr. and Mrs. Ferbida will live in Nappanee, Ind.

On December 28, in New York City, Mrs. Elizabeth Flored Alvis, class of 1908, Hahnemann Hospital, Chicago, to Frederick Rossiter Lavarney. Mr. and Mrs. Lavarney will spend the winter in Los Angeles. Mrs. Alvis resigned her position as superintendent of Cohoes Hospital, Cohoes, N. Y., after nearly four years of successful work.

On September 28, Lillian Victoria Sherman, class of 1905, the Methodist Episcopal Hospital, Brooklyn, to William A. Aspinwall, of Staten Island.

On November 30, Eva Chofield, class of 1909, Mt. Sinai Hospital, New York, to Roland D. Bettman. Mr. and Mrs. Bettman will live in New York.

In November, in Toronto, Ethel McKee, graduate of St. Luke's Hospital, New York, to H. Donaldson. Mr. and Mrs. Donaldson will live at Elk Lake.

On October 31, Blanch Miller, graduate of St. Luke's Hospital, New York, to Henry MacIntyre. Mr. and Mrs. MacIntyre will live in New York.

On December 21, at Wilkes-Barre, Pa., Jean Frantz, graduate of St. Luke's Hospital, New York, to Archibald Langford.

In September, at Simcoe, Ontario, Canada, Carrie G. Mabey, class of 1907, Massachusetts General Hospital, to Sydney Ross Hancock.

On January 3, Katherine Jamieson, class of 1901, Illinois Training School, to Mr. D. Wells. Mr. and Mrs. Wells will live in Menominee, Mich.

On October 28, at Wichita, Kansas, a double wedding, Mabel Haffner, class of 1911, Wichita Training School to Harry Meyers; and Rhea Dickson, class of 1910, to Edward Harder.

On October 27, at Arkansas City, Sophia Dibble, class of 1910, Wichita Training School, to George Gillidette.



## DEATHS

On July 12, 1911, at Calistoga, California, Anna E. McEvoy. Buried December 11, in the Spanish-American War Nurses' plot, Arlington, Virginia. (Through difficulty in deciphering a written notice, this death was recorded in the September JOURNAL under the name McEroy.)

On January 2, at Lyndeboro, N. H., Sarah M. Sheldon, class of 1883, Hartford Hospital. Miss Sheldon was for many years a popular nurse in Hartford. Owing to failing health she had resided for the past two years with a sister in Lyndeboro.

On December 6, in Springfield, Ohio, Ida M. Pinkerton, R.N. Miss Pinkerton was a member of the class of 1896, National Homeopathic Hospital, Washington, D. C., a private duty nurse, who enlisted in the service of her country during the Spanish-American War. Her friends and members of the alumnae association express sincere sorrow at her loss.

On November 14, at her home, Cedar Cove, Grand Manan, Florence Cook, class of 1906, Massachusetts General Hospital.

On October 21, Georgianna Forsyth, class of 1892, Massachusetts General Hospital, after long illness, patiently borne.

On October 25, in Jersey City, Mrs. Thomas Stiff, Jr., leaving a son a week old. Mrs. Stiff was Irene Kunz, class of 1908, Methodist Episcopal Hospital, Brooklyn.

On December 11, at Truro, Nova Scotia, Margaret Frances Creelman, aged 27 years. Miss Creelman was a graduate of Adams Nervine Hospital, class of 1909. After graduating she returned to her home in Nova Scotia to care for an invalid mother. She was a most devoted and faithful nurse and was loved by all who knew her. About two years ago, while on the nursing force of the Truro General Hospital, Miss Creelman took typhoid fever and never recovered from the after effects. Six months ago Miss Creelman's mother passed away, and from that time to the date of her death she went down steadily. She leaves one sister and hosts of friends to mourn their loss.

On December 22, in Chicago, after a long and painful illness, Mrs. Dora Stagier Olmstead, class of 1889, Illinois Training School. Some years ago Mrs. Olmstead gave up nursing work and established herself as a dressmaker for her sister nurses. She will be sorely missed by her many friends.

On December 11, in Beatrice, Nebraska, Ellen Charles. Miss Charles was born in England about thirty-three years ago and came to this country when she was sixteen years of age. She took the training for her profession in Chicago, graduating from the Woman's Hospital in 1900. Immediately after graduating she went to live in Bloomington, Illinois, where she spent eleven years in conscientious service. She was a member of the nurses' alumnae association and never ceased her study nor allowed an opportunity to pass by which she might improve her efficiency. Many are the homes in which she is remembered and mourned as a real friend who came in time of sickness and cared for some loved one and perhaps saved a life which hung in the balance.

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Two years ago she suffered a severe sickness from which, although apparently well, she never entirely recovered. Six weeks before her death she went to Beatrice to care for a sick friend, and was planning for her return when she was taken with what proved to be her final and fatal illness. Miss Charles leaves a father in Rockford, Illinois, a brother and sister in Chicago, and a brother in Washington, D. C., while in Bloomington she is sincerely mourned by an unusually large circle of friends, who will long remember her sunny friendliness and tireless devotion to her profession. She was buried in Rockford.

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#### AMERICA'S USE OF HABIT-FORMING DRUGS

If any one thinks that our own country is not now primarily interested in this matter, let him reflect that at present it stands for 500,000 pounds of yearly importation and consumption of opium, its derivatives and preparations. From 50,000 to 70,000 pounds, including opium derivatives and preparations, would suffice for all our medical needs. As to cocaine, we have been importing, manufacturing, and consuming nearly 200,000 ounces a year, though 15,000 would supply every legitimate medical need.

At its present session Congress should pass further legislation in this matter. It should place under federal supervision and control the entire manufacture and distribution of opium, together with its derivatives and preparations. Moreover, it should also place under such control other habit-forming drugs, like cocaine and Indian hemp. While Congress has already been asked to place a prohibitory duty on manufactured cocaine, its salts and derivatives, it should place the manufacture of and the interstate traffic in *all* habit-forming drugs under the supervision of the Bureau of Internal Revenue. Only by some such supervision, it seems, would this country maintain its self-respect.

And, if the interstate traffic must be controlled, so should the intrastate traffic. Each State should pass effective laws against the use of habit-forming drugs, and particularly with regard to any instruments, like hypodermic syringe, used in their injection; the availability of this syringe has doubtless been as large a factor in the widespread abuse of morphine and cocaine as the availability of the drugs themselves.—From "The Background of the Opium Conference at The Hague," by Elbert Francis Baldwin, in the *American Review of Reviews* for February.

## BOOK REVIEWS



IN CHARGE OF

M. E. CAMERON, R.N.

THE GINGER CURE. By William G. Rose. Duffield & Company.

This little book of eighty-odd pages is not properly catalogued with therapeutic literature, as the reviewer inadvertently conceived that it would be,—far from it,—the book is merely a system of advertising methods, and although it was read mistakenly it served to entertain and divert and was laid down at the close with extreme reluctance. The "Ginger Cure" is for sick business, and consists of the application of vim and vigor and determined push. It must be unique; certainly one would never suspect the presence of such exciting opportunities in business nor the romance either, although this last manages to get into very unexpected places sometimes.

MERCK'S MANUAL OF MATERIA MEDICA. Fourth Edition. Merck & Co., 45 Park Place, New York. 15 cents (forwarding charges).

A trade manual, including a comprehensive list of drugs and chemicals, and also dosage, physiological effects, poisons and antidotes; a chapter on urinalysis, and various subjects akin to drugs and their uses.

MANUAL OF PSYCHIATRY. By J. Rogues de Fursac, M.D. Formerly Chief of Clinic at the Medical Faculty of Paris. Translated and edited by A. I. Rosanof, M.D., Second Assistant Physician King's Park State Hospital, New York. Price, \$2.50. John Wiley & Co., New York.

The increasing knowledge and the progress made in psychiatry since the second edition of this work was published is in part responsible for the appearance of this third edition of de Fursac's. The author adds sections on the following subjects: Disorders of writing; criteria of prognosis in dementia præcox; chronic mania; and acute mental attacks in the feeble-minded.

Contributions from the editor include the application of the Mendelian laws to heredity in insanity; psychotherapy; the constitutional

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make-ups which determine a special proneness toward dementia præcox and manic-depressive insanity; new chemical tests for the cerebro-spinal fluid; the pathogenesis of general paresis in the light of recent serological investigations; the kinship between involution melancholia and manic-depressive insanity; the influence of parental alcoholism upon offspring; a measuring scale of intelligence devised by Binet and Simon. The editor has also rewritten and augmented the chapter on organic cerebral affections, devoting special sections to the description of brain abscess, central neuritis, traumatic psychoses, and cerebral arteriosclerosis. There is also from the editor a chapter on the prevention of insanity, and hygiene of the mind. The additions of the editor are enclosed in brackets.

Considering that the Wasserman reaction has become an important aid and in many cases an indispensable one in psychiatric diagnosis, the editor has given a complete description of it, which he places in an appendix.

While strictly technical and written for the specialist, the book is extremely interesting and one that nurses would do well to read.

## EDITOR'S MISCELLANY



### PRACTICAL EUGENICS

BY JOHN N. HURTY, M.D., INDIANAPOLIS

[Reprinted from the January issue of *Social Diseases* by Permission.]

Victor Hugo has said: "The time will come, when, looking back over the thorny path trodden through the centuries, mankind will say: 'What! We had slaves? What! We had kings?'" And is it a far cry, in the light we now have, to say the time will come when mankind will exclaim: "What! We had insane? What! We had idiots? What! We had criminals? What! We had the hereditary lame, halt, and blind?" It is now known that very probably forty per cent. of insanity, if not directly, is certainly indirectly hereditary—about twenty-five per cent. is caused by alcohol, about twenty-five per cent. by syphilis and about ten per cent. by other causes. Counting ten per cent. as unpreventable, even under a very high state of understanding coupled with practical action, then ninety per cent. is preventable. And is it not food for thought to know that the rational control of procreation would directly prevent fifty of the ninety per cent. and would indirectly prevent the remaining forty? I say indirectly prevent, because eugenics would surely produce a race which would be in such close harmony with its environment as not to use and suffer from alcohol, and not to sin and have syphilis. As to insanity, let us remember that the science of medicine must be credited with having discovered that it is a physical ill and not a possession of the devil. And that, because of this discovery, mankind abandoned its cruel and inhuman treatment of the insane, and in its stead adopted kindness, patience, and charity. In this instance, religious teaching through centuries was not sufficient to abate insanity one iota, nor to develop the practical application of kindness, patience, and charity, but when we knew and understood, then we arrived.

It is medicine, too, in the person of Dr. Francis Galton, that has pointed out the possibility of making man mentally, morally and physically more perfect through the scientific control of heredity. And, again, it is medicine which proposes, through medical inspection of

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children and the early discovery and correction of hereditary and acquired physical defects, and diseases, to do a great work in strengthening the physique, the mind, and the morals of mankind.

Railroad officials discovered a few years ago that many employees were color blind. They could not distinguish a green light from a red one or a blue one; and scientific examination proved that about eight per cent. of these public servants were absolutely color blind. And so it is with a large portion of the defective and criminal classes. They are born morally color blind; they can make no distinction whatever between right and wrong, between truth and falsehood; so that when we come to study the relationship between crime, insanity, and imbecility, we find them much of a kind and the field is indeed most melancholy. An examination of the letters received by the inmates of prisons from their relatives and friends show they come from other prisons or from institutions for defectives. Fully a third of prisoners have had a fallen brother, sister, daughter, mother, or some immediate relative in a charitable or penal institution. Dr. Oliver Wendell Holmes speaks of "border liners" by which he means those afflicted with hysteria, epilepsy, chronic neuralgia, chorea, catalepsy, the introspective, the drunken, the melancholy. Their kinship is found to be very close, they all need the care of medicine and the state. They are not infrequently found in family groups. One will be a thief or a drunkard, one will be insane or idiotic, one will have epilepsy, another chorea, or maybe one or two will exhibit only a morbid self-consciousness or more or less eccentricity. It is as impossible to make them sound and well as to replace a destroyed eye. These defectives may be quite well educated or their surroundings and conditions in life be conducive to wholeness, but there they are, simply defectives, and neither prayer nor science can do more than ameliorate their condition. A border liner may be kind-hearted, kindly disposed, but with negative qualities. He cannot say no. No power can make him reliable. At one time it was thought that many, if not all, degenerates and defectives could be made into reliable citizens through religious conversion; but, alas! it failed utterly. Now, at last, we realize that the human race is to be improved by applying exactly the same laws to man that will perfect the breed of the lower animals. A child gave her parents much trouble on account of her violent temper. She did not learn to walk well until rather late in childhood, and at ten had thick speech. The father thought she must have something the matter with her tongue or throat. A few moments' examination made plain to the physician that these symptoms were the stigmata of imbecility. The parents were highly indignant when the

truth was told and in anger dismissed the doctor. That girl, now a woman, is the mother of three imbecile children, all in an institution for feeble-minded. And it is thus that society is burdened with the unfit. We bear the burden willingly, but not always intelligently. Its extent is not generally comprehended, the underlying causes are not generally understood. Of the three prominent neurotic diseases, namely, insanity, epilepsy, and feeble-mindedness, we find the first principally a disease of adult life manifesting itself in the great majority of instances before twenty-one years of age. The last, feeble-mindedness, generally exists from birth. Feeble-mindedness, imbecility, and idiocy are varying degrees of arrested development, and development is arrested, simply because its limit has been reached. If the business man, who is in the saddle and who runs things, could realize the vice, crime, misery, suffering, and the heavy burden of taxation caused by feeble-mindedness, and then could realize that hygiene knew how to prevent it all, false sentiment and prudery would depart in a hurry, and practical science would have its beneficent way.

The criminally inclined and the feeble-minded regard marriage vows very lightly, frequently paying no attention at all to them, not caring or not understanding the situation. Their increasing number is apparent in our statistics and the expense of maintenance grows annually. Each criminally inclined and each feeble-minded person who lives will almost certainly produce his kind and may bring blight and disease into blood of normal character. I sat in the gallery of the great hall of one of Indiana's institutions, and with the superintendent watched the inmates solemnly walk through square dances. A young man at the piano attracted my attention on account of his firm touch and excellent execution. "He is an inmate," said the superintendent. "He can play the music of the great composers quite well and has composed several good waltzes. He is a graduate of one of our minor colleges, yet he is an imbecile and now suffers from impulsive insanity. A strong attendant sits at his side, ever watchful to restrain him." "What is his heredity?" I asked. "That is the point," was the reply. "His mother is feeble-minded and passes as a neurasthenic in her neighborhood; and his father died in the Central Insane Hospital. He had a sister in the idiot asylum." How easy it would have been under a wise government to have practically applied hygiene to the grandfather when in childhood he most certainly exhibited the stigmata of degeneracy, and so have prevented the birth of the degenerate mother and of her two degenerate children. It is certainly useless, unnecessary, cruel, bad every way, to permit the procreation of the unfit and then bear ourselves to

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the earth with a burden of taxation to care for them. We have had almost two thousand years of Christianity, and in that time there has been ceaseless inculcation of religion and morals, and still the scarlet woman, social diseases, imbecility, insanity, and crime exist. Wars are still going on, in which the young, healthy, normal men are slaughtered. The monastery and the nunnery still claim a no insignificant number of the healthy and the gifted, and the cripples, the imbeciles, the diseased, the vicious are left free to multiply.

In Indiana a start has been made to stop at least a part of this foolishness, and, while progress has been and will be slow, still the beginning has been made. But let me give that story later.

In concluding the chapter on "Race Improvement" in his *Memories*, Dr. Galton says: "Charity refers to the individual; Statesmanship, to the nation; Eugenics cares for both." "I take Eugenics very seriously, feeling that its principles ought to become one of the dominant motives in a civilized nation, much as if they were one of its religious tenets. Individuals appear to me as partial detachments from the infinite ocean of Being, and the world as a stage on which Evolution takes place, principally hitherto by means of Natural selection which achieves the good of the whole with scant regard to that of the individual. Man is gifted with pity and other kindly feelings; he has also the power of preventing many kinds of suffering. I conceive it to fall well within his province to replace Natural selection by other processes that are more merciful and not less effective. This is precisely the aim of Eugenics. Its first object is to check the birth-rate of the unfit, instead of allowing them to come into being, though doomed in large numbers to perish prematurely. The second object is the improvement of the race by furthering the productivity of the fit by early marriages and healthful rearing of their children. Natural selection rests upon excessive production and wholesale destruction; Eugenics, on bringing no more individuals into the world than can be properly cared for, and those only of the best stock."

*(To be Continued)*

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